

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Martha Banks

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month July	Day 16	Age 75	Years	Months	Days
Sex	Female	Color or Race	White Black	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death	-			
Married, Single or Widowed	Widow	Name of Wife or Husband	Alexander Banks				
Father's Name	John Lornish		Father's Birthplace	Maryland			
Mother's Maiden Name	Martha Banks Lornish		Mother's Birthplace	Maryland			
Name of person giving Information	George Banks		How related to deceased	Son			

CAUSES OF DEATH

Primary Entric Frzer

①

How long

six weeks

Immediate Heart Failure

How long

One hours

Are the name, age, sex, color, date
and place correctly given above?

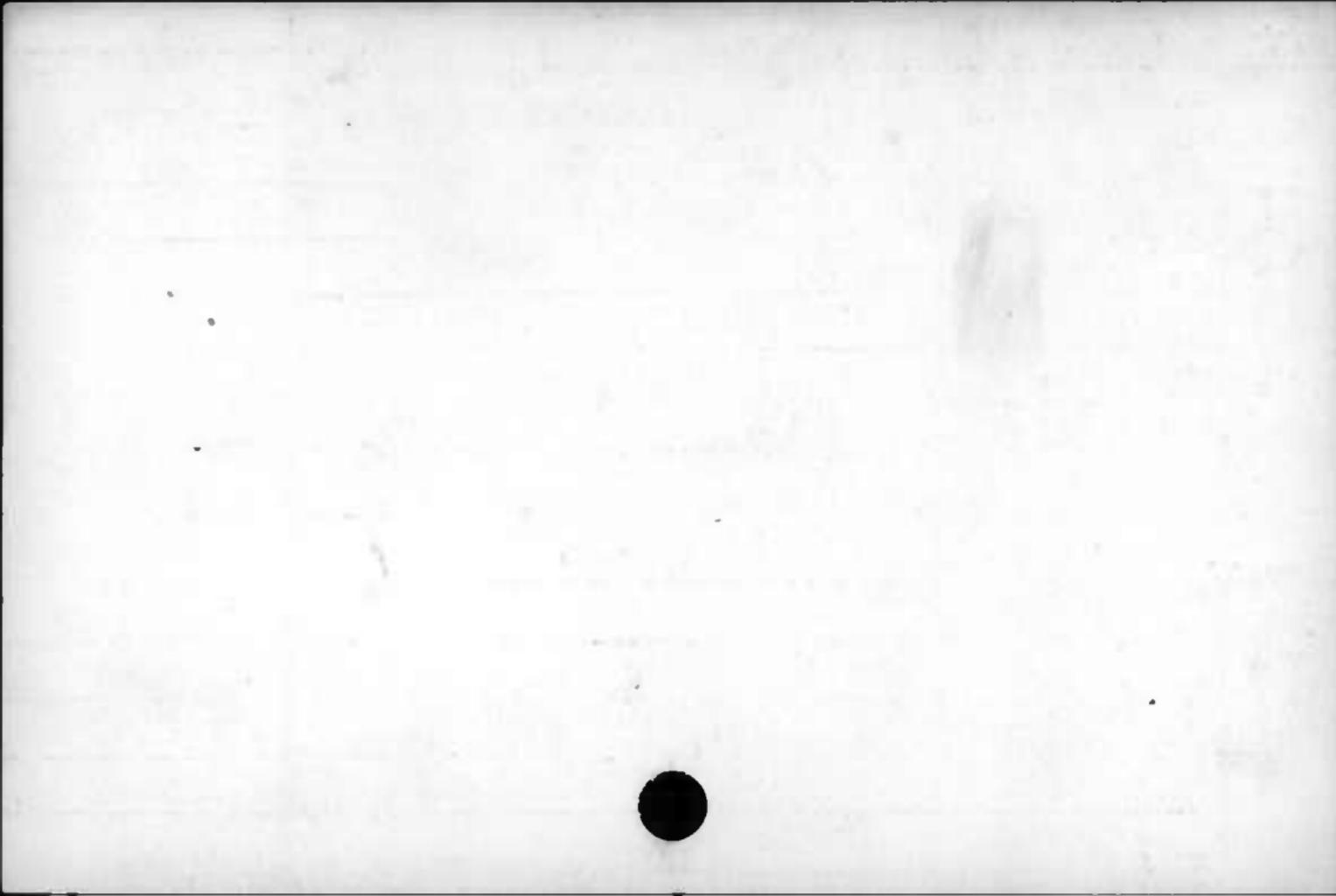
yes

Signature of
Physician

Address

Victor L. Carroll
Lambidge M.D.

Accident or Suicide?



Name
In
Full

Blanche Bassell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	—	70	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alex Bassell				
Mother's Maiden Name	Pda Hobro				
Name of person giving Information	Winfield Conish				

CAUSES OF DEATH

105

How long

How long

PHYSICIAN
OR CORONER

Primary
Enteritis

Immediate

Are the name, age, sex, color, date and place correctly given above?

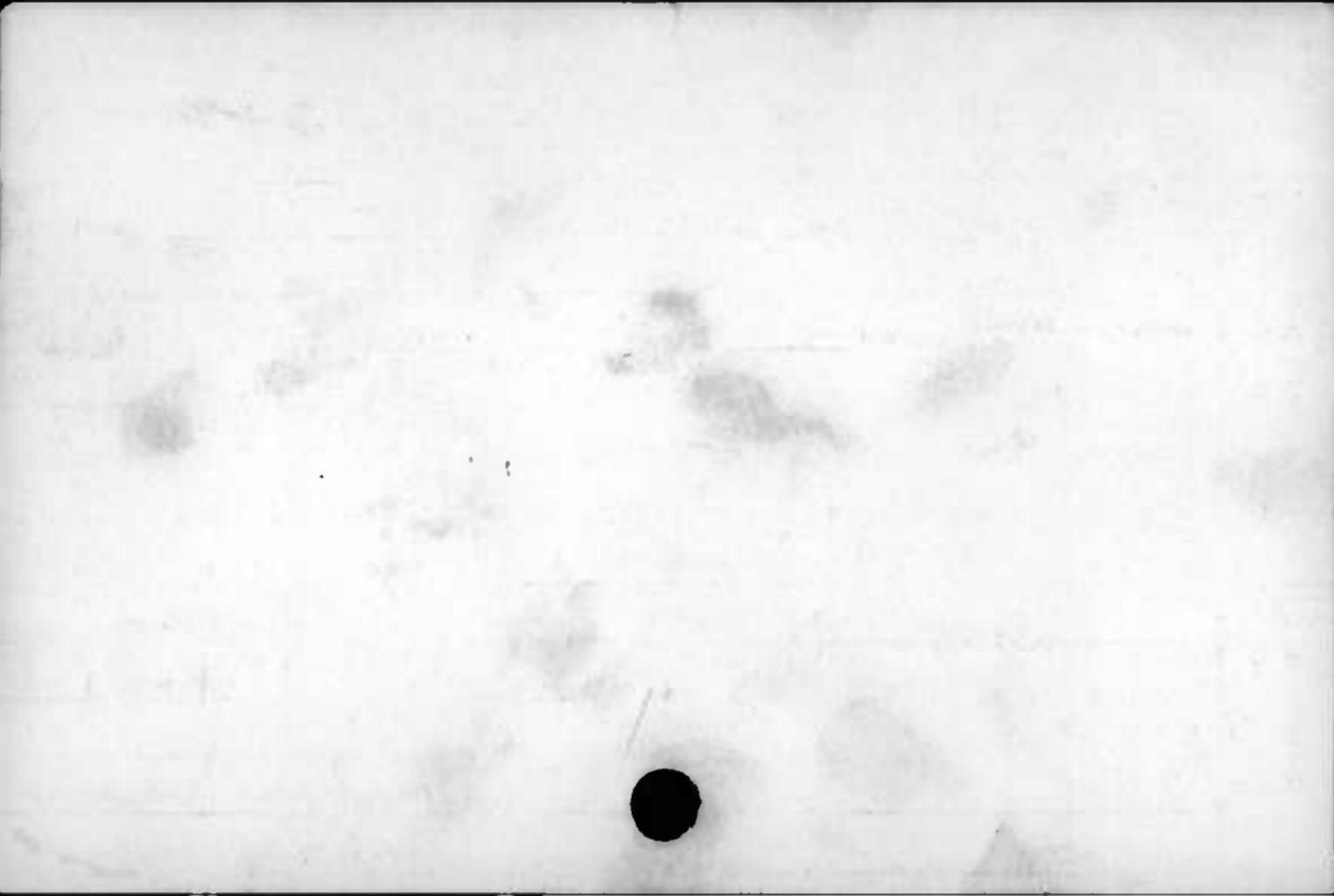
Yes

Signature of Physician

Address

Ottawa
Harkness
Md

Accident or Suicide?



Name
in
Full

George E. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State
Cambridge		Dorchester	Md. MARYLAND
Date of death	Month	Day	Years
1908	July	19	Age
Sex	Color or Race	Months	Days
Male	Black	6	0
Occupation	Where Residing if not at place of death	Birth-place	
Baby	Cambridge	Cambridge	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	John W. Bennett	Golden Hill	
Mother's Maiden Name	Mary E. Connish	Mother's Birthplace	
Name of person giving information	John W. Bennett	Golden Hill	
How related to deceased	Brother	Hether	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Summer complaints

How long

2 mos.

Immediate

Exhaustion

How long

1 day

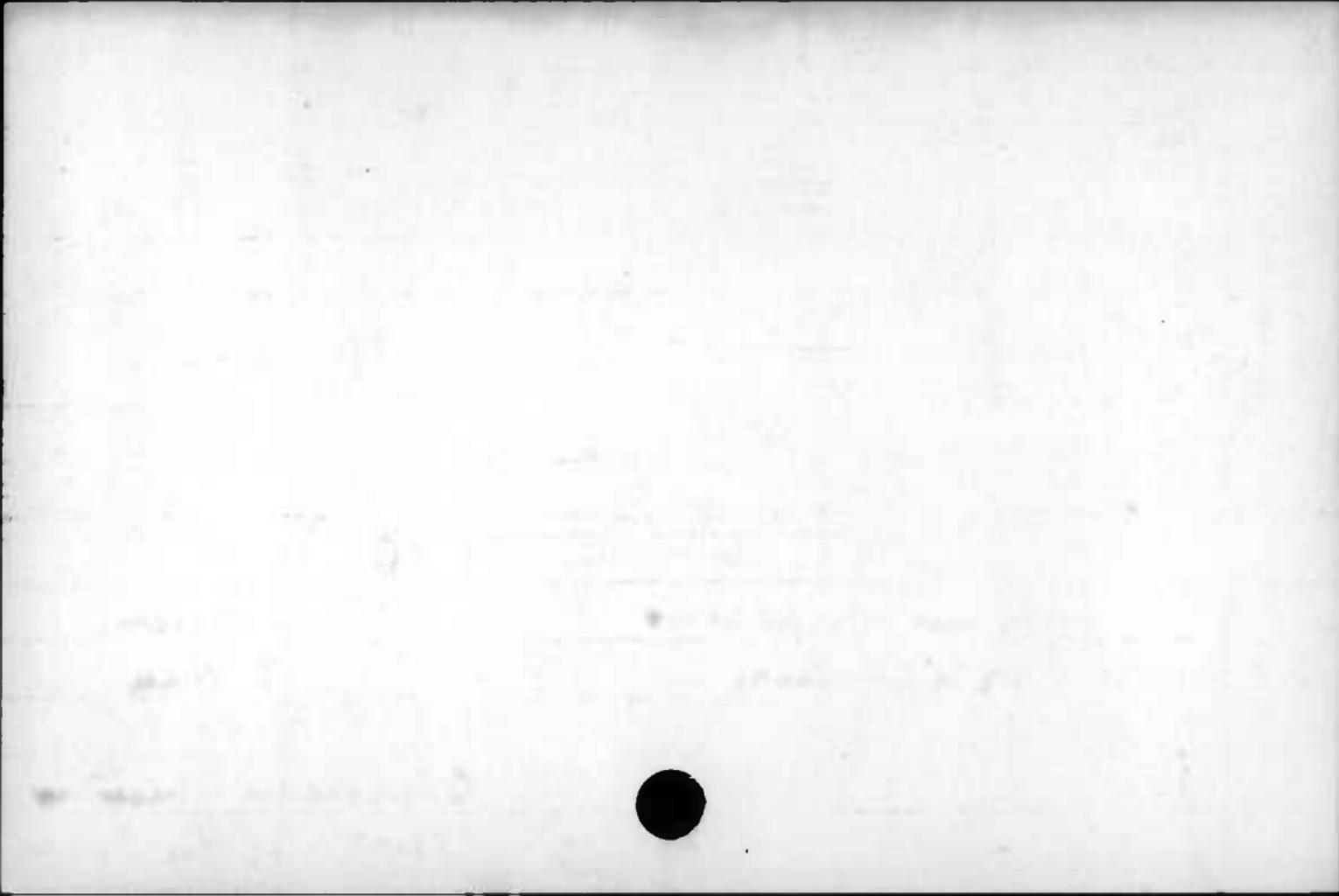
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Glennon Brinsford
Justice of the Peace

Accident or Suicide?



Name
in
Full

Rachel A. Bowley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Smithville	Dorchester			
Date of death	Month	Day	Years	Months	Days
1908	July	8 th	35	—	—
Sex	Female	Color or Race	Color	Birth- place	Dr. Co. Md.
Occupation	Housewife		Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	Martin Bowley		
Father's Name	Daniel Keane		Father's Birthplace	Dr. Co. Md.	
Mother's Maiden Name	Anelia Keane		Mother's Birthplace	Dr. Co. Md.	
Name of person giving Information	Henry W. Landau		How related to deceased	none	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

can't say

How long

can't say

Immediate

Cerebratio

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

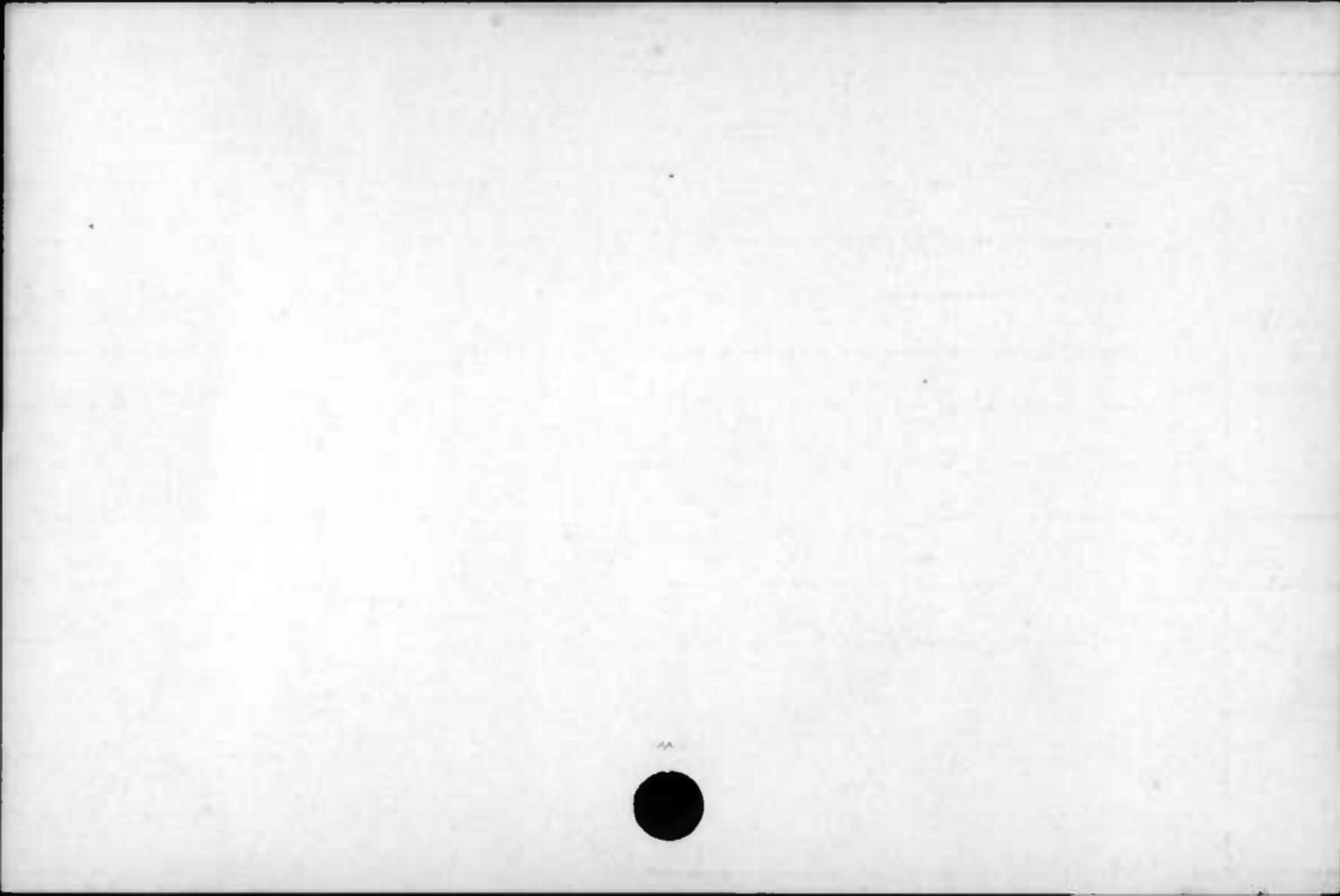
Probably

Signature of
Physician

Address

P. S. Smith County
Charles Creek, Md.

Accident or Suicide?



Name
in
Full

Infant No name Brannock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	still - born.
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Daniel E. Brannock		
Mother's Maiden Name	Gertie Phag		
Name of person giving Information	Danl. E. Brannock		

CAUSES OF DEATH

(S)

Primary Still - born

How long

Immediate —

How long

Are the name, age, sex, color, date and place correctly given above?

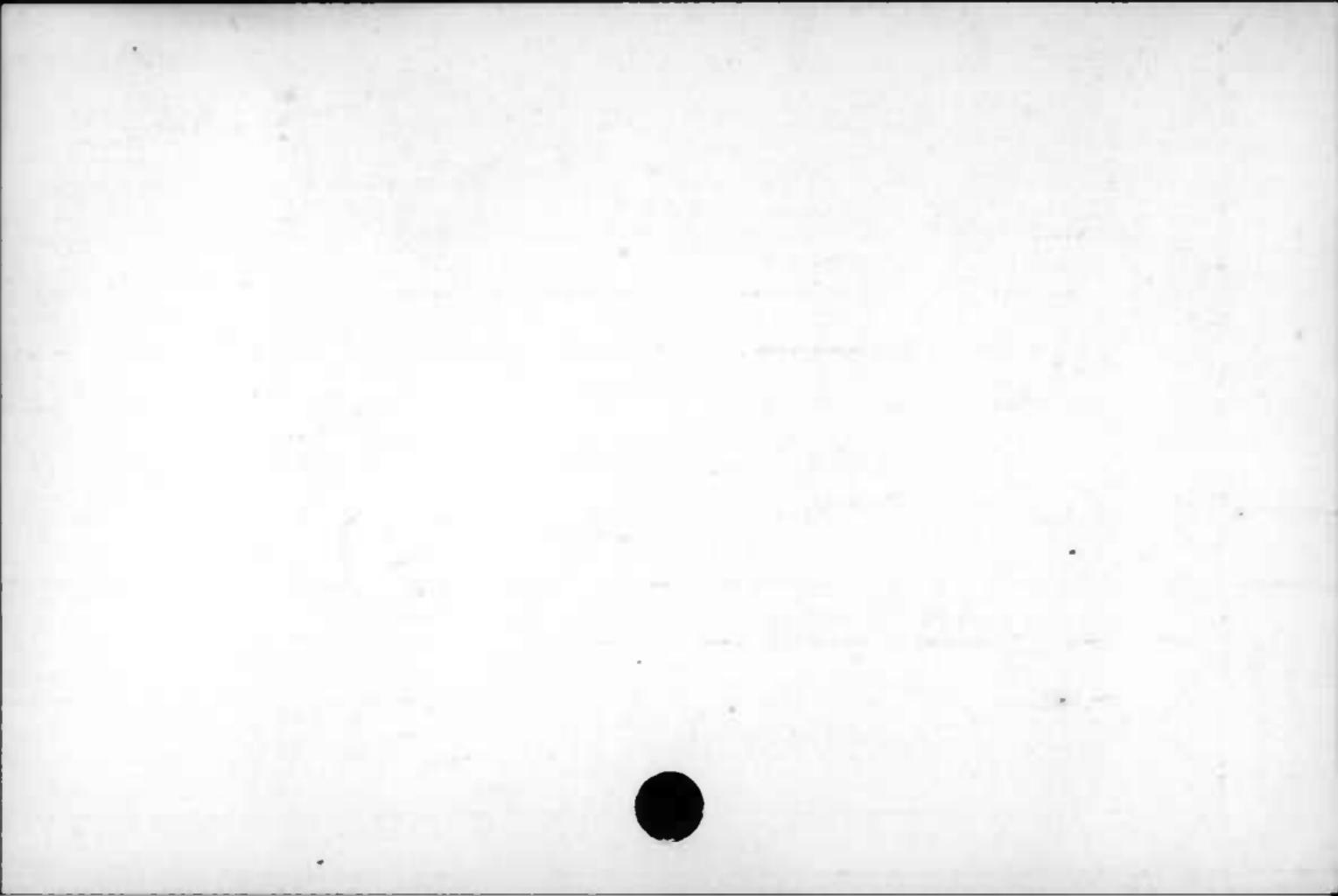
yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide?



Name
in
Full

Elizabeth Brumwell

CERTIFICATE OF DEATH

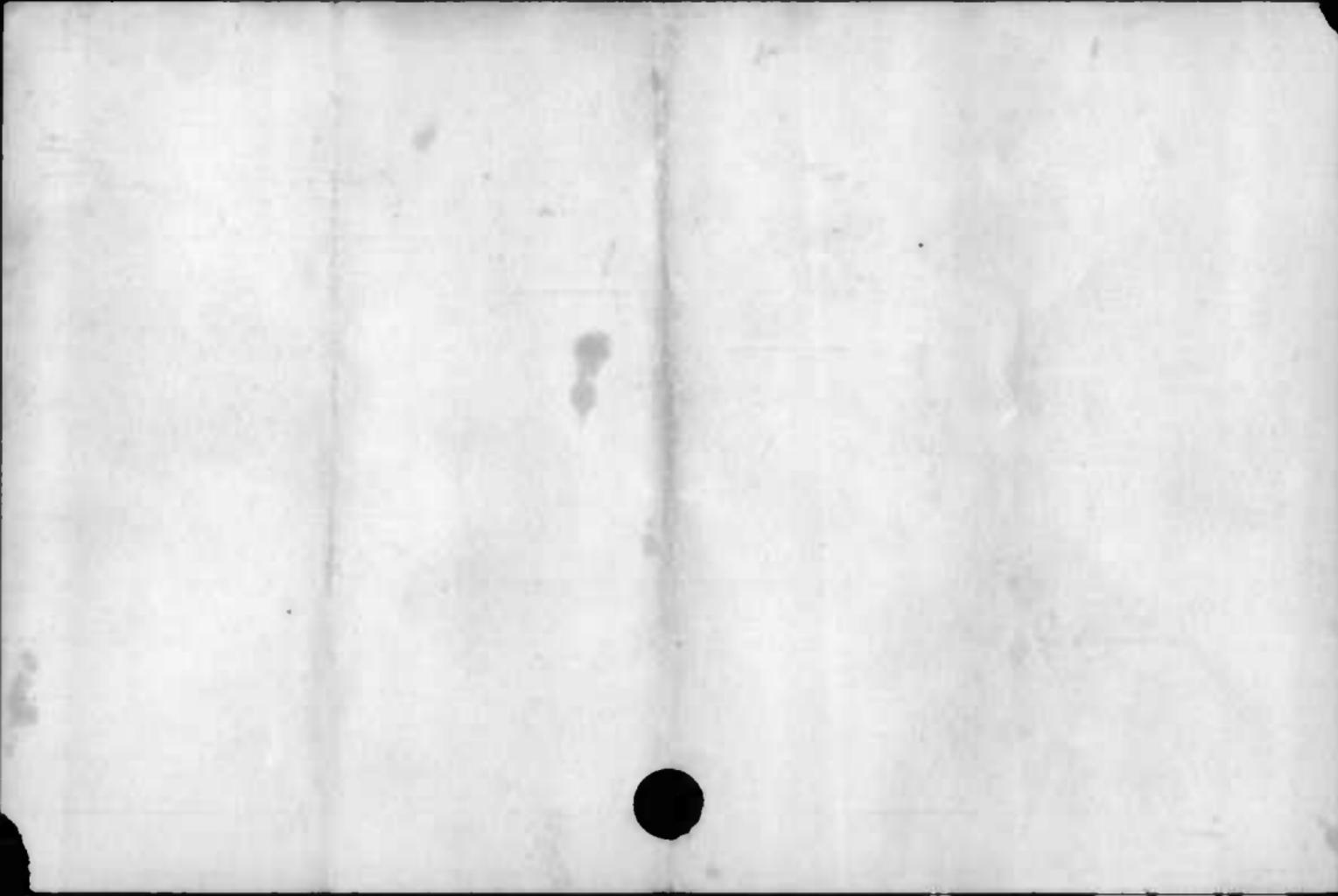
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month July	Day 20	Years —	Months 6	Days —
Sex	Female	Color or Race	BLK	Birth-place	Md	
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Clifton Johnson		✓		Father's Birthplace	Md
Mother's Maiden Name	Maggie Brumwell		✓		Mother's Birthplace	Md
Name of person giving information	Maggie Brumwell		✓		How related to deceased	Mother

CAUSES OF DEATH

179

Primary	Malaria	
Immediate	Apparently exhaustion as I never saw child until after death.	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	E. Wolff Cambridge, Md	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Moses Bamper

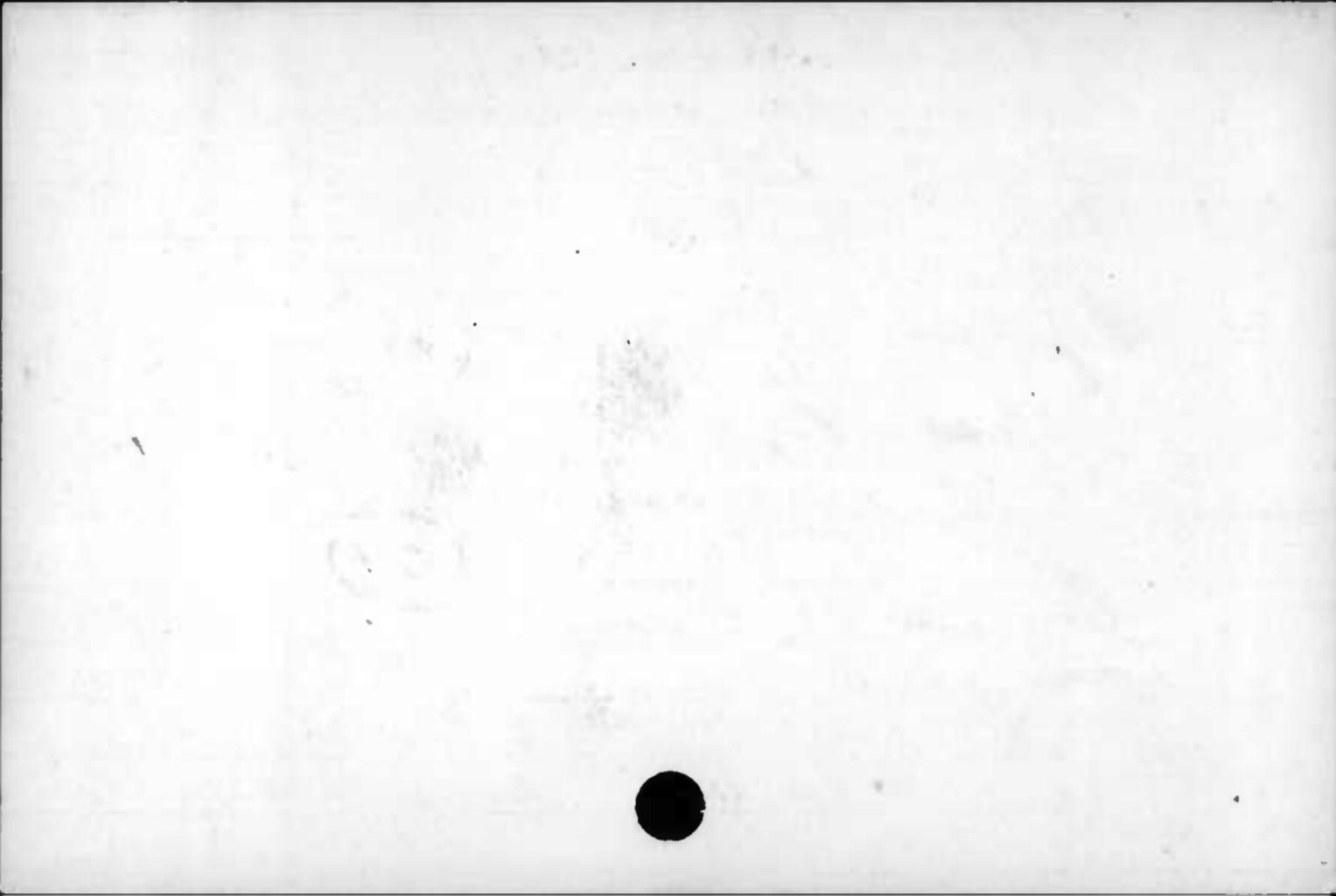
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	July	21	86	—	—		
Sex	Male	Color or Race	Black	Birth-place	Maryland		
Occupation	Retired	Where Residing if not at place of death			Cambridge Md		
Married, Single or Widowed	Widower	Name of Wife or Husband	Frances Bamper				
Father's Name	—	Unknown		Father's Birthplace	Maryland		
Mother's Maiden Name	—	Unknown		Mother's Birthplace	..		
Name of person giving information	Nannie Jackson			How related to deceased	Daughter		

CAUSES OF DEATH

54

Primary	Stroke	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	Victor Carroll	
Address	Cambridge Md.	
Accident or Suicide?		



Name
in
Full

Susan Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month July	Day 17 th	Age 5	Years	Months 3	Days 11
Sex	Female	Color or Race	Col.	Birth-place Dor. Co. Md.			
Occupation	Infant	Where Residing if not at place of death					
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant				
Father's Name	Andrew Camper			Father's Birthplace Dor. Co. Md.			
Mother's Maiden Name	Sarah A. Nichols			Mother's Birthplace Dor. Co. Md.			
Name of person giving Information	Andrew Camper			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteric Fever
Immediate Enteric Fever -

1

How long

six weeks

How long

Enteric Fever

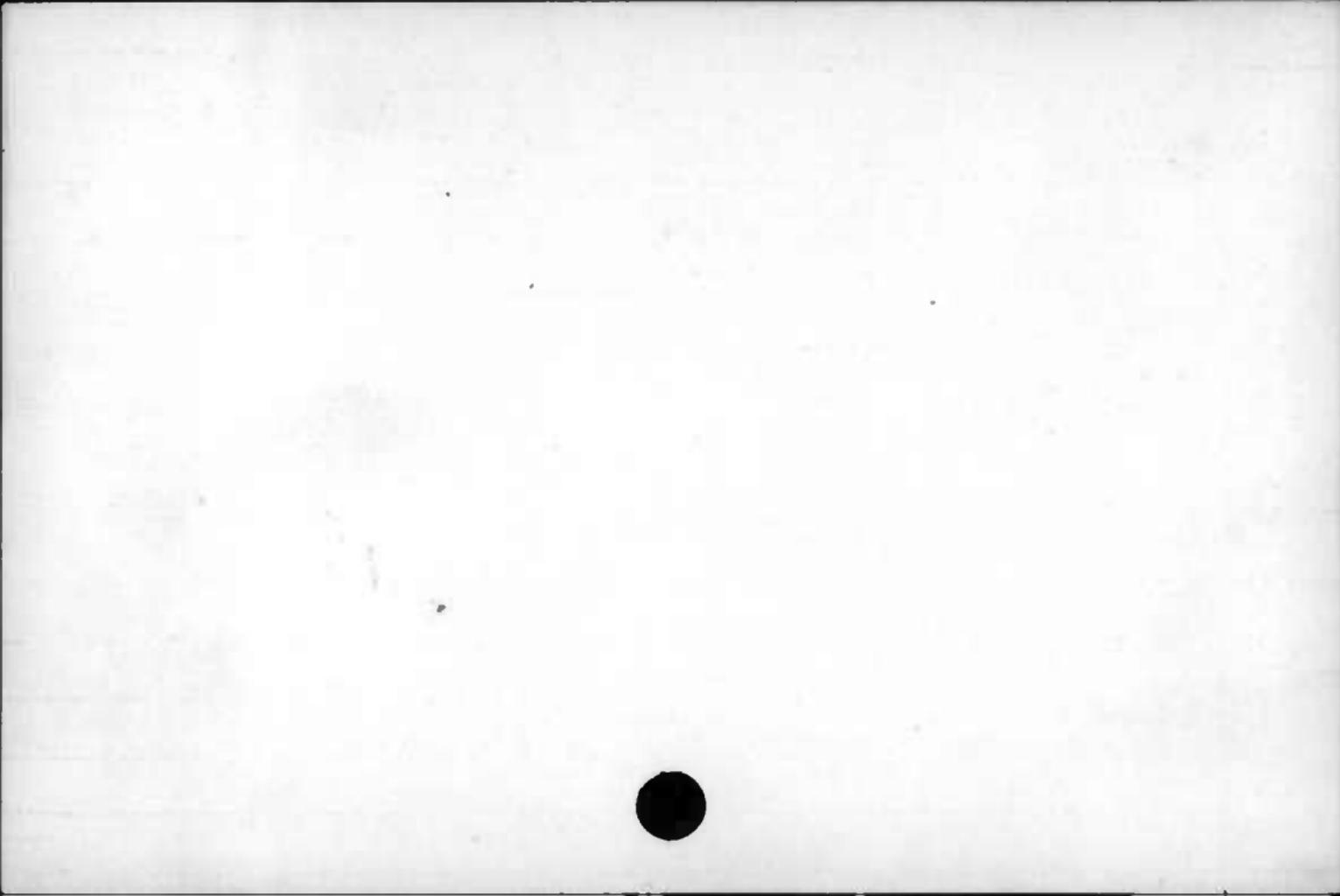
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. S. Leithicum, M.D.
Church Creek, Md.

Accident or Suicide?



Name
in
Full

Henry L. Logg

CERTIFICATE OF DEATH

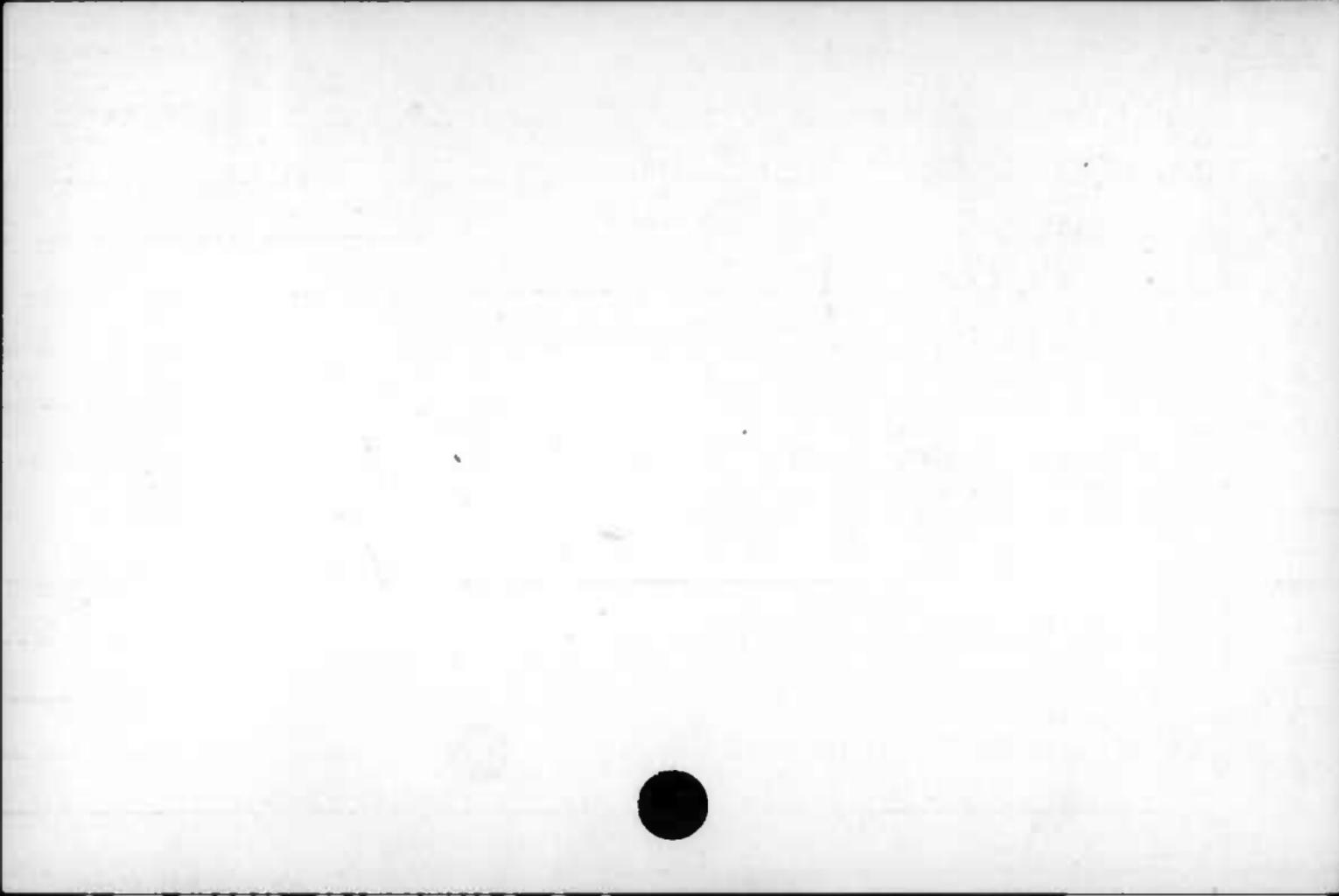
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1908	July	10	56			
Sex	Male	Color or Race	Where Residing If not at place of death		Birthplace	
Occupation	Sailor		Gambray Hospital		Baltimore	
Married, Single or Widowed		Name of Wife or Husband	Jennie Logg			
Father's Name	—	Don't know			Father's Birthplace	Don't know
Mother's Maiden Name	—	Don't know			Mother's Birthplace	Don't know
Name of person giving information	Don't know. Same sailor					How related to deceased

CAUSES OF DEATH

92

Primary	Broncho - Pneumonia		How long
Immediate	Esophagus & heart failure		3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		B. W. Colaborough	24 hours
		Address	
Address	Gambray Hospital		
Accident or Suicide?			



Name
in
Full

Norman Collins

CERTIFICATE OF DEATH

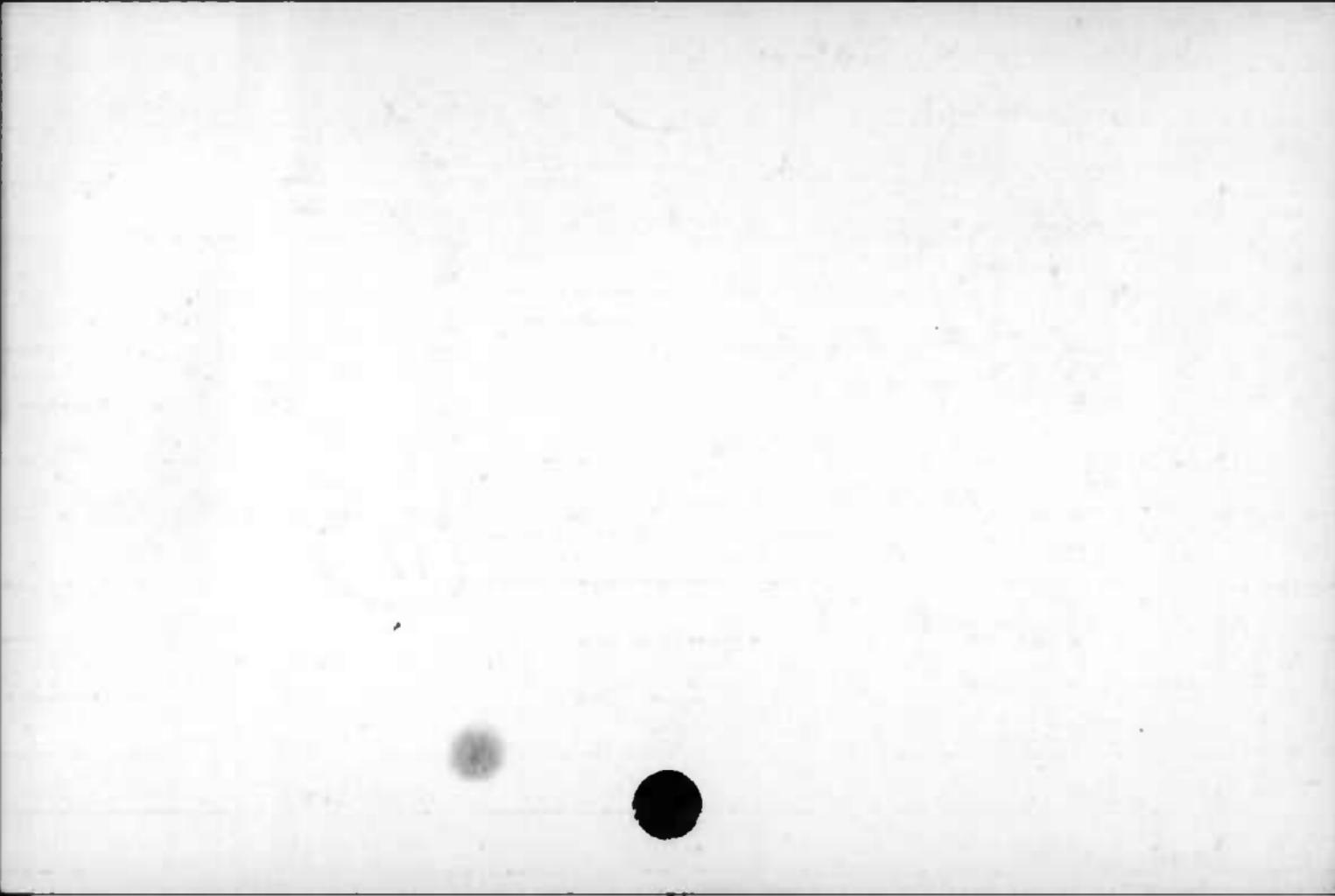
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town		County Worcester		MARYLAND		
Date of death 1909	Month July	Day 3	Age 3	Years 3	Months 4	Days 0
Sex Male	Color or Race white	Birth-place Dr. C. M. Dr. C. M. Dr. C. M.				
Occupation —		Where Residing if not at place of death Wrights Wharf Md.				
Married, Single or Widowed Single	Name of Wife or Husband —					
Father's Name P. E. Collins	Father's Birthplace Md.					
Mother's Maiden Name not known	Mother's Birthplace not known					
Name of person giving Information P. E. Collins	How related to deceased Father					

CAUSES OF DEATH

118

Primary Appendicitis	How long 7 days
Immediate Exsanguin after operation	How long 15 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Henry Stark
	Address Cambridge Md.
Accident or Suicide? —	



Name
in
Full

Helen Cornish

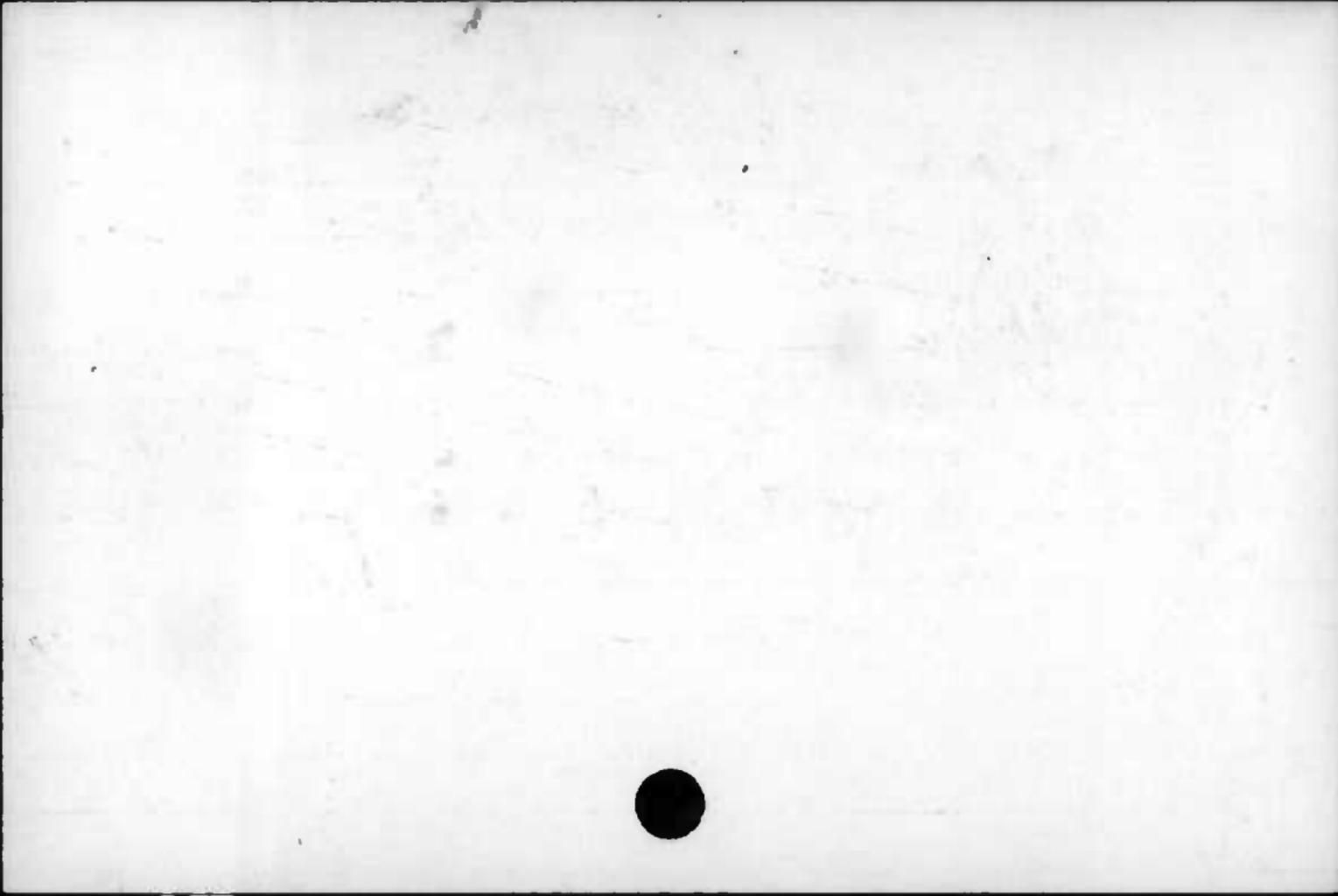
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 31	Years 13	Months —	Days —
Sex Female	Color or Race Colored	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Charles Cornish	Father's Birthplace Dorchester				
Mother's Maiden Name Mary E. Dockins	Mother's Birthplace Dorchester				
Name of person giving Information James M. Jackson	How related to deceased Rosaline				

CAUSES OF DEATH

Primary	Typhoid Fever		How long 2 weeks
Immediate	" "		How long 1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	—
		Address	Clement B. Newell
Accident or Suicide?		Justicia, the Peace	



Name
in
Full

William Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cambridge

County

Dorchester

MARYLAND

Date
of death

Month

Day

Years

1908 July

20

13

Months

6

Days

—

Sex

Male

Color or
Race

colored

Birth-
place

Cambridge

Occupation

School boy

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Cornish

Father's
Birthplace

Church Creek

Mother's
Maiden Name

Sarah P. Harris

Mother's
Birthplace

Church Creek
Cambridge

Name of person giving
Information

Gabriel J. Kiah

How related
to deceased

Step Father

CAUSES OF DEATH

118

How long

thi works

Primary

Appendicitis

How long

for days

Immediate

Afternoon

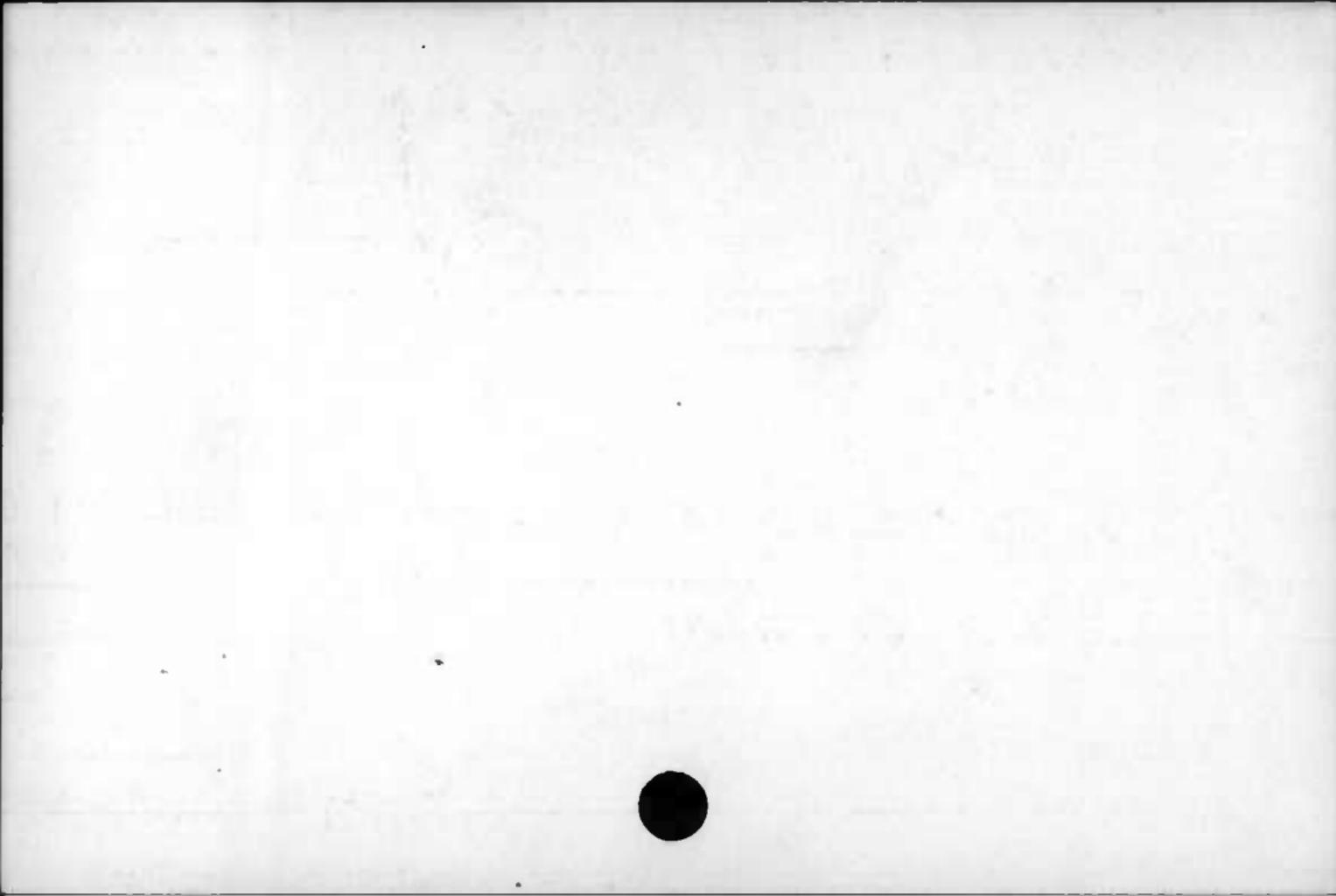
Victor Carroll
Cambridge Md-

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH							
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Dorchester						
Mother's Maiden Name	Dorchester						
Name of person giving information	Dorchester						
CAUSES OF DEATH							
Primary	acute Gastro Enteritis						
Immediate	Do not know						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W.H. Brumford M.D.			
			Address	Fishing Creek Md.			
Accident or Suicide?							



Name
in
Full

Sallie Ann Eye

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Reids Grove		County	Dorchester							
Date of death	1908	Month	July	Day	3rd	Years	67	Months	-	Days	-
Sex	Female		Color or Race	Colored		Birth-place	Maryland.				
Occupation	Housewife		Where Residing if not at place of death	-							
Married, Single or Widowed	Married	Name of Wife Husband	Thomas Eye								
Father's Name	Edgar Pinder		Father's Birthplace	Maryland							
Mother's Maiden Name	Rachel Dorr		Mother's Birthplace	Maryland.							
Name of person giving information	James Jones		How related to deceased	Son.							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

mitral Regurgitation

79

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

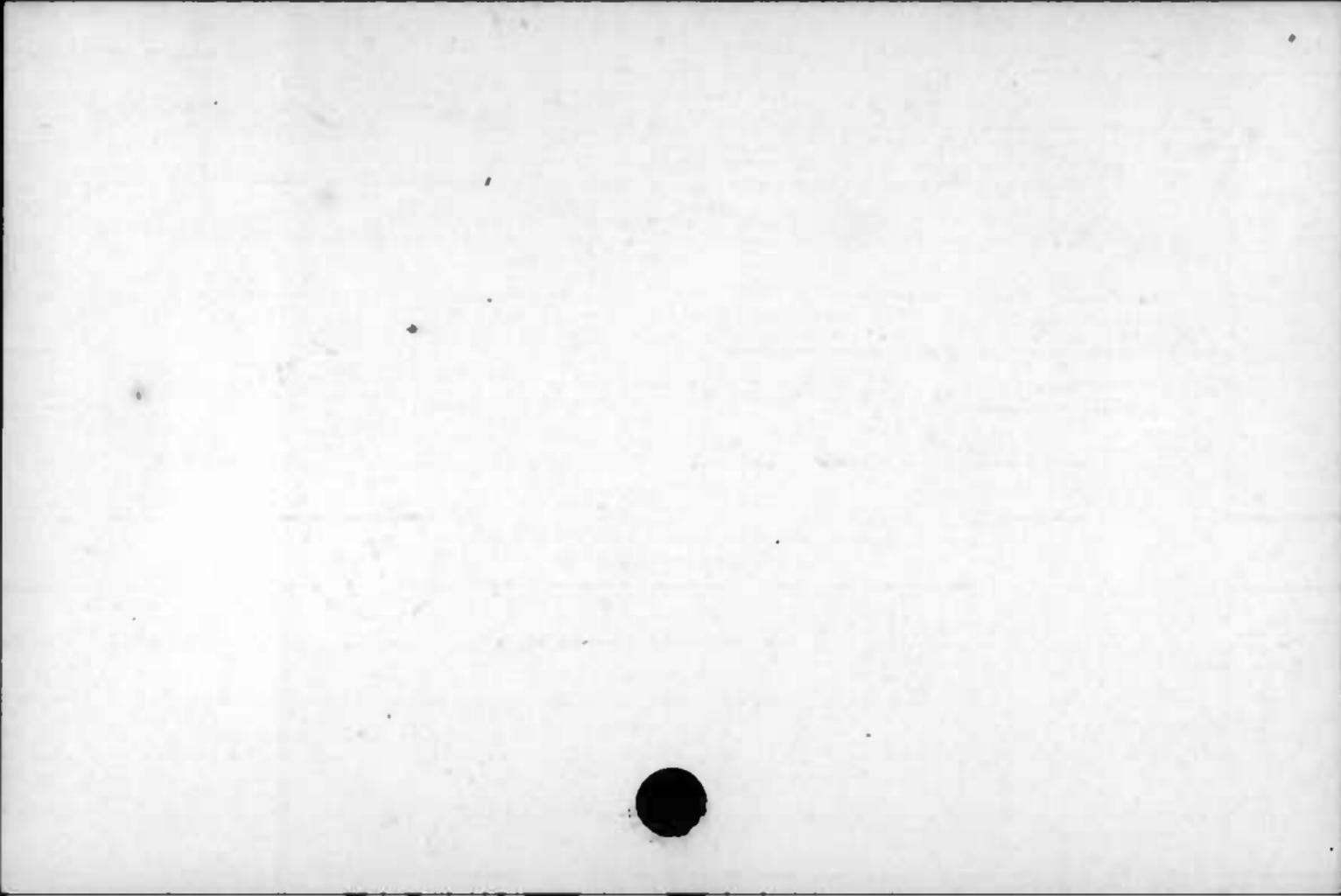
Signature of Physician

Dr H. Blaum.

Address

711 N. Main St.

Accident or Suicide?



Name
in
Full

Julian Daven parr.

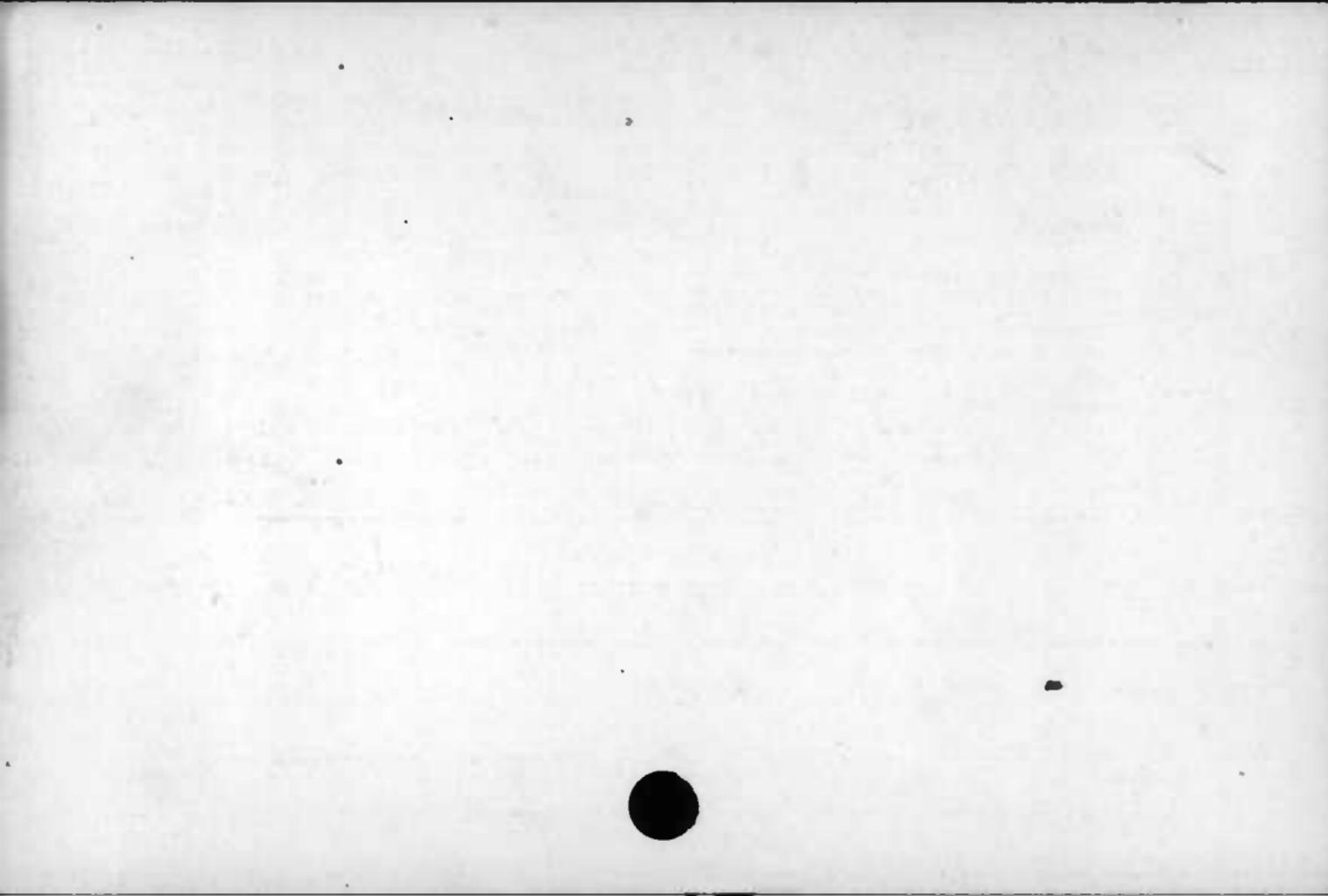
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catletts</u> •		Town	County <u>Dorchester</u> .		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>31</u>	Years -	Months <u>6</u>	Days -	
Sex <u>male</u>	Color or Race <u>white</u>	Age -	Birthplace <u>Md</u>			
Occupation <u>Refugee</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Joseph Daven parr.</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Mattie Willey</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Charlie Willey</u>	How related to deceased <u>Uncle</u>					
CAUSES OF DEATH						
Primary	<u>Gastro Enteritis</u>					How long <u>105</u> month
Immediate	<u>Heart. Failure</u>					How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<u>g</u>	<u>D H Black</u>	
Accident or Suicide?	<u>Nicoma Md.</u>	



Name
In
Full

Cha Henry Preston Dren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Reids Grove		County	Maryland	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Reids Grove Md.
Occupation	Superior				
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death		
Father's Name	William Dren		Father's Birthplace	Md.	
Mother's Maiden Name	Mary Marine		Mother's Birthplace	Md	
Name of person giving information	Mary Dren				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

CerebroSpinal Meningitis

How long

dead.

Immediate

Heart failure

How long

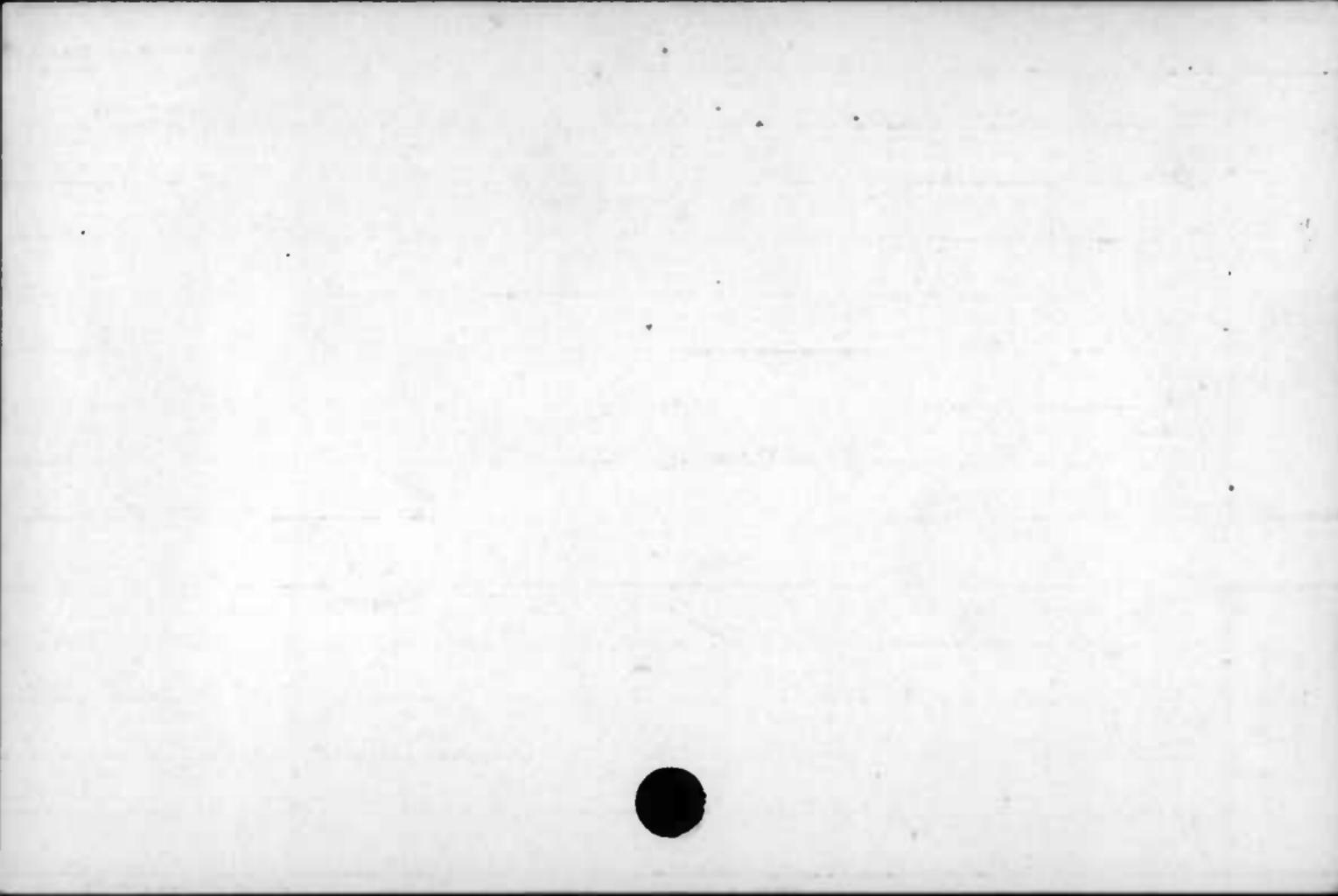
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D H Blauel.
Vienna Md

Accident or Suicide?



Name
in
Full

Lester Dolby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>in New York</u>			County <u>Dor</u>		MARYLAND		
Date of death 190	Month 8	Day 7	Age 1	Years 1	Months 5	Days 13	
Sex <u>male</u>	Color or Race <u>white</u>	Occupation <u>none</u>			Birth- place <u>Dor Co</u>		
Married, Single or Widowed <u>single</u>							
Name of Wife or Husband <u>none</u>							
Father's Name <u>Broad Dolby</u>				Father's Birthplace <u>Dor Co</u>			
Mother's Maiden Name <u>Gentruke Tolman</u>				Mother's Birthplace <u>Dor Co</u>			
Name of person giving Information <u>Broad Dolby</u>				How related to deceased <u>father</u>			

CAUSES OF DEATH

105

How long

How long

PHYSICIAN
OR CORONER

Primary

Alco Cholitis

Immediate

etc same

Are the name, age, sex, color, date
and place correctly given above?

yes

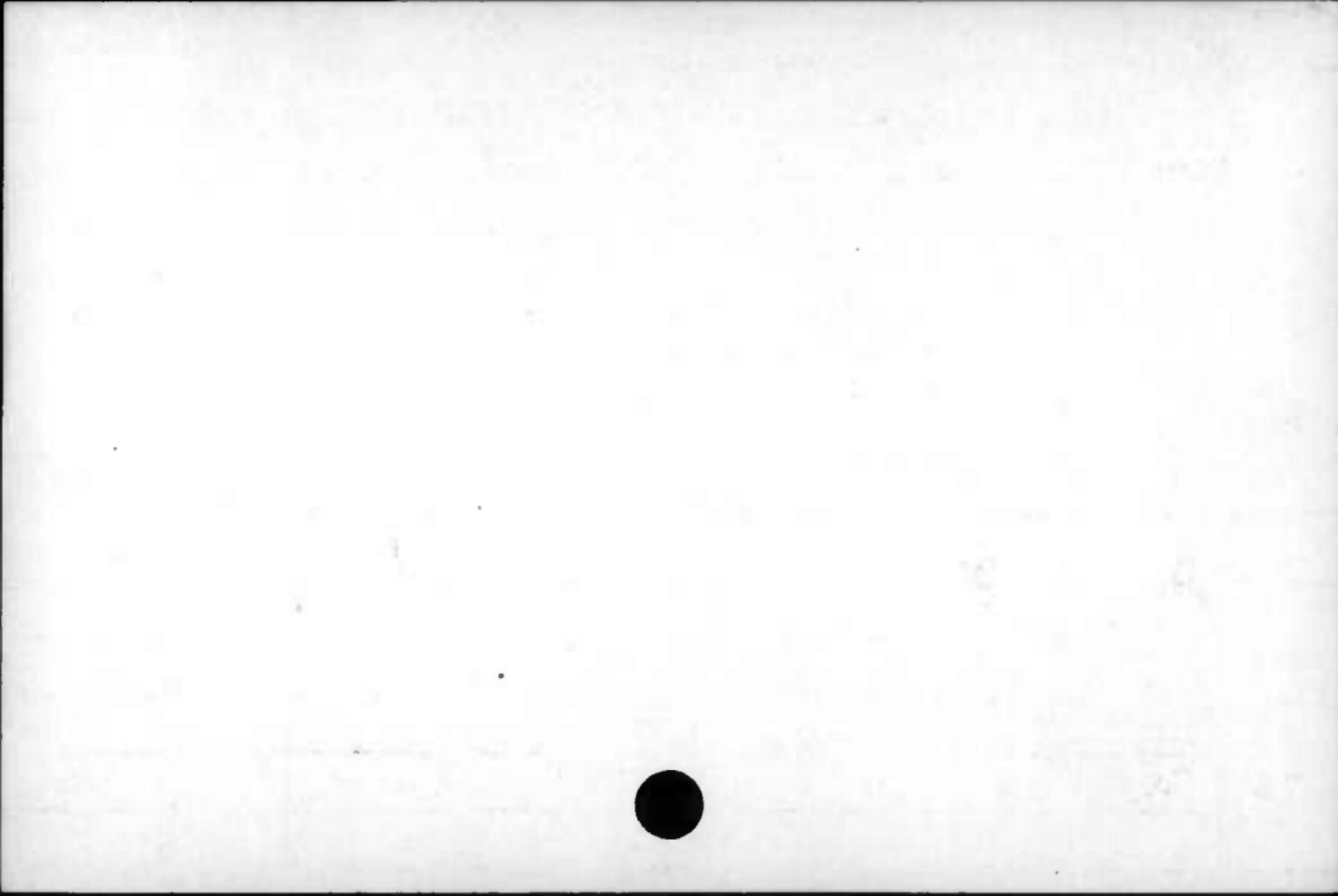
Signature of
Physician

Address

E Roger Myers
New York

MD

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marie Lee Dotter

CERTIFICATE OF DEATH

Died at <u>Cambridge</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>10</u>	Years	Months <u>5</u>	Days <u>12</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Age		Birth-place <u>Maryland</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>Baltimore</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Harold Dotter</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Cecil Marshall</u>				Mother's Birthplace <u>—</u>		
Name of person giving information <u>Cecil Dotter</u>				How related to deceased <u>Mother</u>		

CAUSES OF DEATH

105

Primary <u>Enter - Colitis</u>	How long <u>10 days</u>
Immediate <u>Meningitis with convulsions</u>	How long <u>Several days</u>

Are the name, age, sex, color, date and place correctly given above?

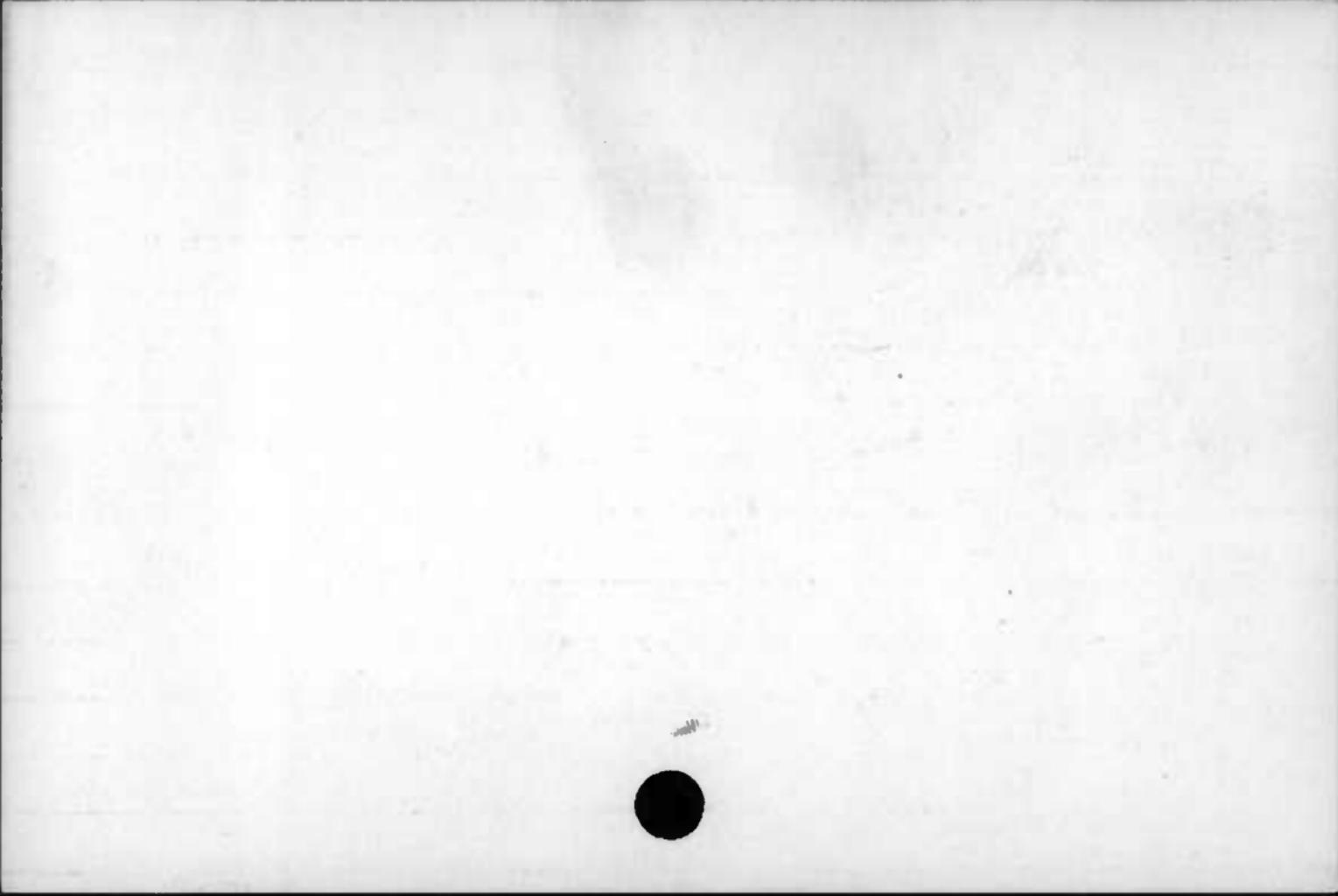
5

Signature of Physician

B. M. Goldsborough
Cambridge Md

Address

Accident or Suicide?



Name
in
Full

James W Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	Md MARYLAND		
Date of death 1908	Month July	Day 21	Age	Years	Months 6
Sex Male	Color or Race Black	Birth-place Cambidge	Days 15-		
Occupation Baby	Where Residing if not at place of death Cambidge				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Walter Elliott	Father's Birthplace Balto				
Mother's Maiden Name Mattie Hanson	Mother's Birthplace Cambidge				
Name of person giving Information	How related to deceased Father				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Sunrise Complaint-

Immediate

No doctor

How long

Are the name, age, sex, color, date and place correctly given above?

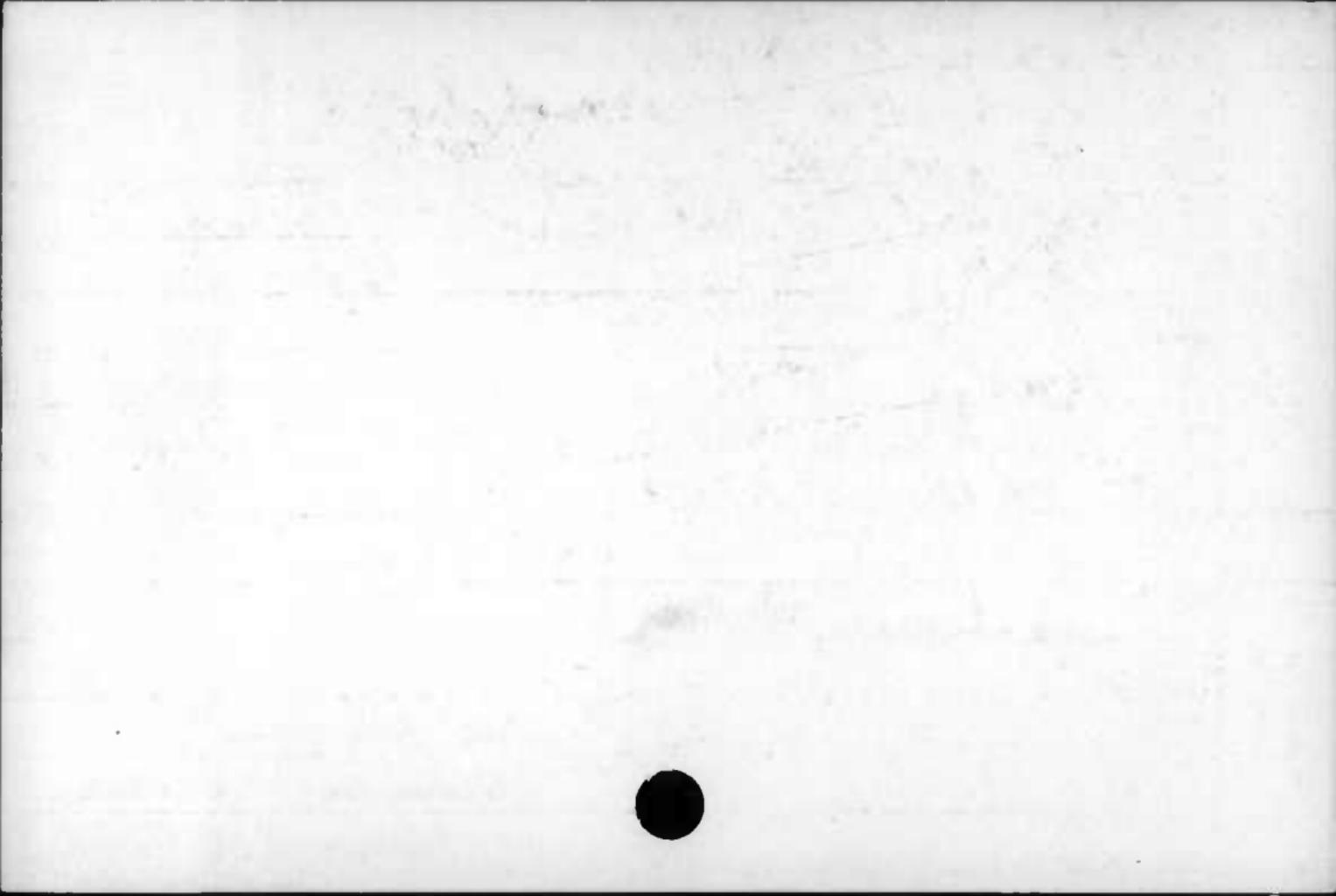
Signature of Physician

No physician

Address

George S. Morris
Justice of the Peace

Accident or Suicide?



Name
in
Full

Hellen Elyz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		State	
Bucktown	Bucktown		Dorchester Co		Md	
Date of death	Month	Day	Years	Months	Days	
1908	July	20	50	2		
Sex	Color or Race	Where Residing if not at place of death				
Female	White	Bucktown				
Occupation	Bucktown					
Baby	Bucktown					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace				
		Bucktown				
Father's Name	Mother's Birthplace					
Crackit- Elyz	Lakes					
Mother's Maiden Name	How related to deceased					
Ida Hobel	Father					
Name of person giving information						
Crackit- Elyz						

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary
Sudden heart attack

How long

Immediate

How long

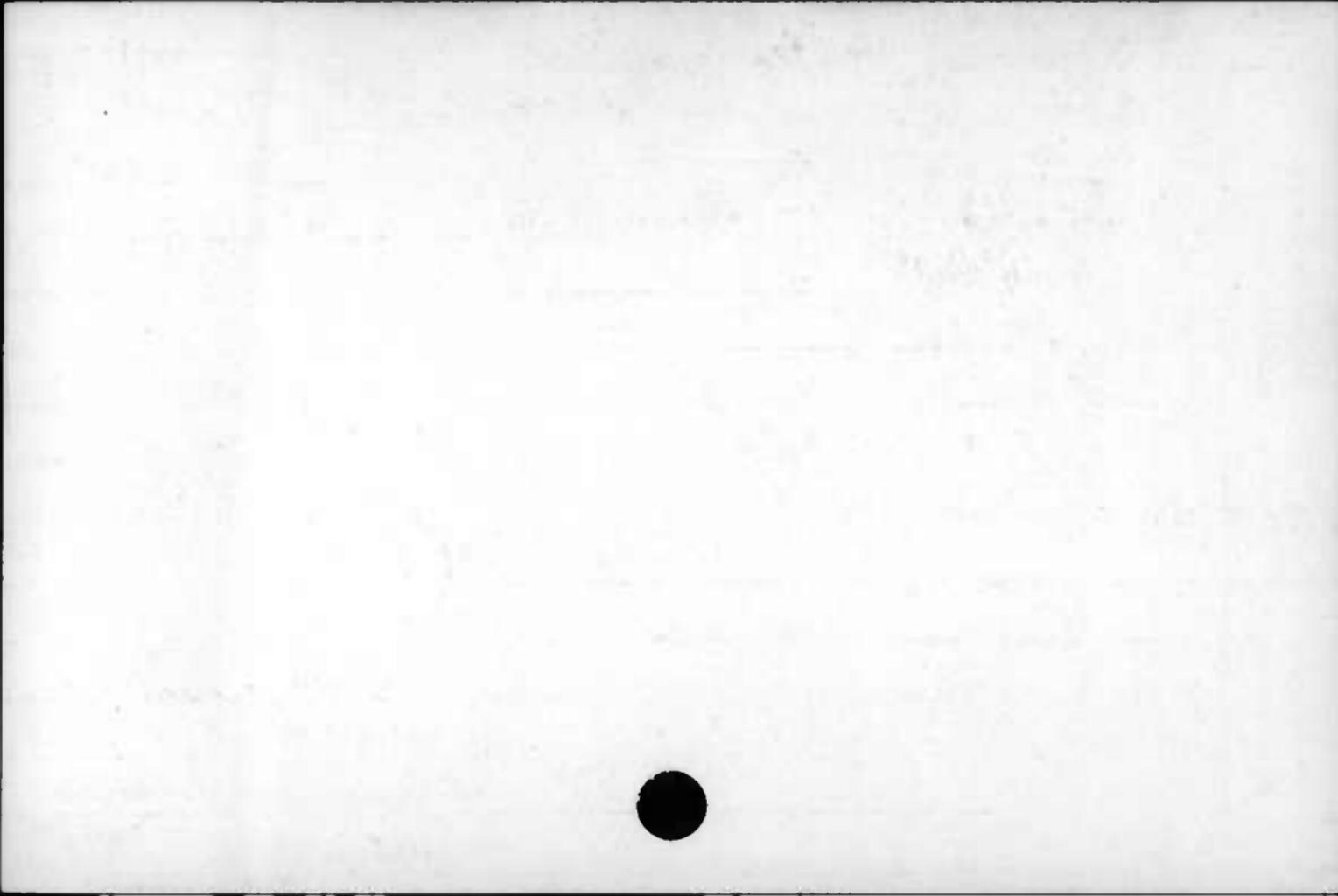
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No physician
Bernard Sullivan
Justice of the Peace

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Levicy Ann Hackell

CERTIFICATE OF DEATH

Died at	Tow	County	MARYLAND		
Date of death 1908 July		Month Day	Years	Months	Days
Sex Female	Color or Race	Age	Birthplace	Cambridge	
Occupation Infant	Where Residing if not at place of death			Cambridge	
Married, Single or Widowed Single	Name of Wife or Husband		Dorchester Co		
Father's Name Wm Walter Hackell	Father's Birthplace			Dorchester Co	
Mother's Maiden Name May E. Calloway	Mother's Birthplace			Talbot Co.	
Name of person giving information Wm W. Hackell	How related to deceased			Father	

CAUSES OF DEATH

105

Primary Cholera infantum
Immediate Exhaustion

How long several weeks
How long several days

Are the name, age, sex, color, date and place correctly given above?

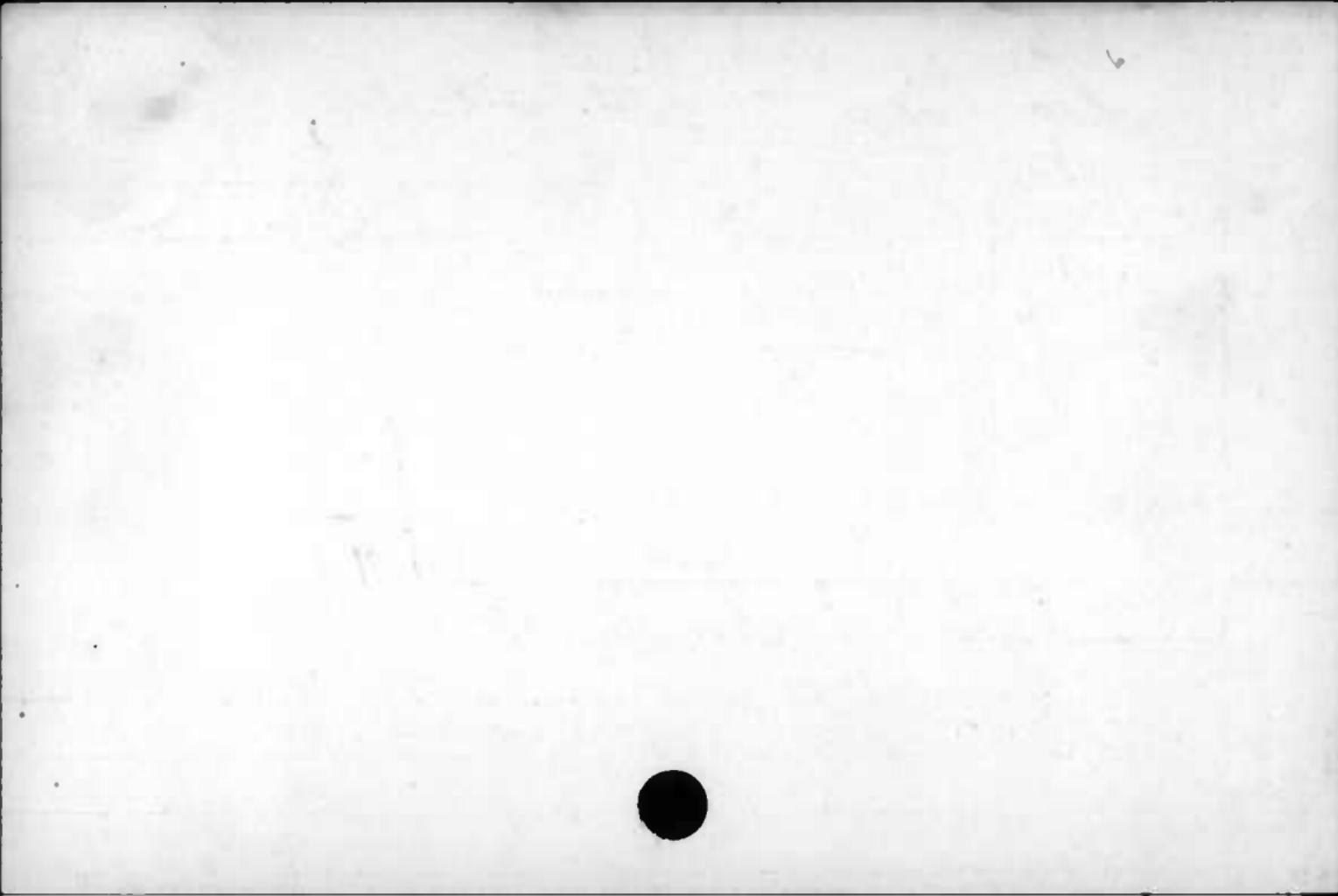
yes.

Signature of Physician

Address

E. E. Weger
Cambridge, Md.

Accident or Suicide?



Name
in
Full

Rowine Lee Hargis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	Maryland	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Hargis				
Mother's Maiden Name	Laura Corkran				
Name of person giving Information	John J. Corkran				
CAUSES OF DEATH					
Primary	Crown - Colitis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Dr. John G. Long		
			Address		

PHYSICIAN
OR CORONER

105

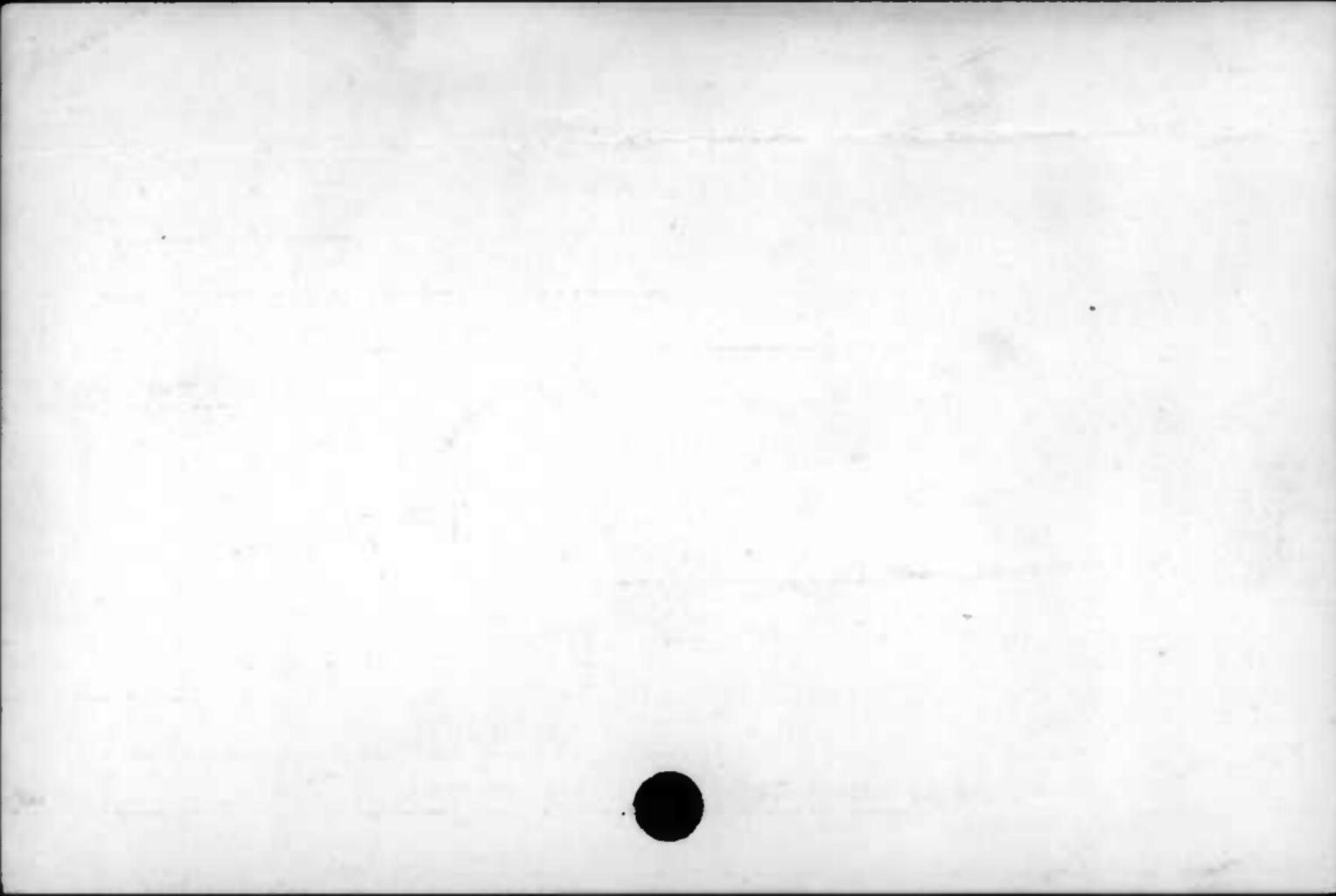
How long

3 weeks

How long

7 or 8 days

Accident or Suicide?



Name
in
Full

Drs. Edwin Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Caulfield		Dorchester					
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	35	3	24	
Occupation	Housewife		Where Residing if not at place of death		Caulfield Md Hospital		
Married, Single or Widowed	Married	Name of Wife or Husband	E. N. H. Harrison		Caulfield Md		
Father's Name	Charles		Son		John		
Mother's Maiden Name	Alice		D. L. Powers		Tolbot		
Name of person giving Information	Husband		Edwin Harrison		Husband		

CAUSES OF DEATH

18

Primary

Edema & Ulcer of Breast.

How long

6 weeks about

Immediate

Edema of Abdominal Region.

How long

Some hours

PHYSICIAN

OR CORONER

Are the name, age, sex, color date and place correctly given above?

Yes

Signature of Physician

Dr. Edwin Harrison

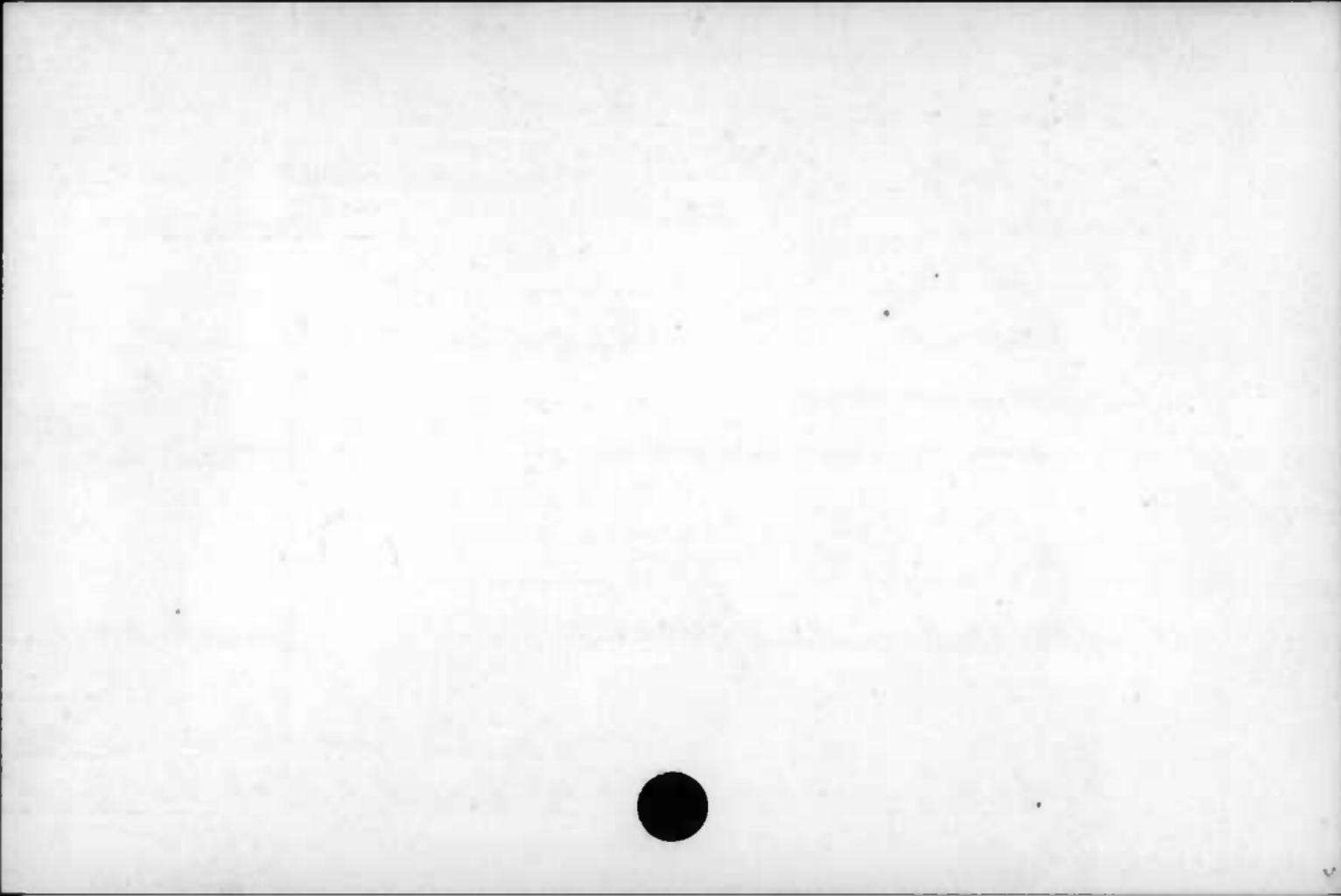
Address

Caulfield Md

M. B. Patient born to Lamb, H. D. but as born across the Bay & registered

Accident or Suicide?

As above - death in bed within 1908.



Name
in
Full

Wm A. Hooper

CERTIFICATE OF DEATH

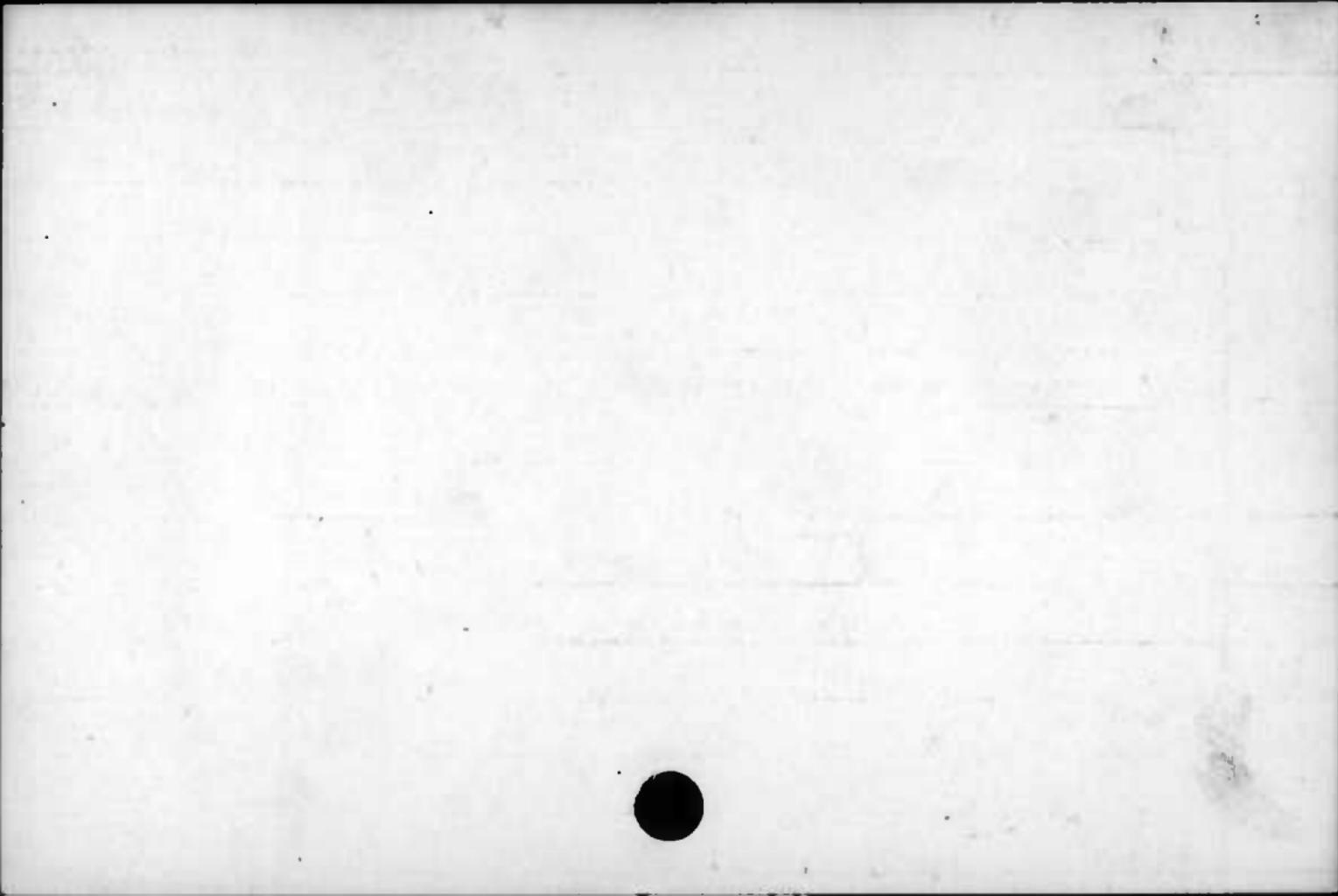
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Taylor's Island	Dorchester			
Date of death	1908	Month July	Day 17	Years 58	Months -	Days -
Sex	Male	Color or Race	African		Birth-place	Md.
Occupation	Labourer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Hooper			
Father's Name	Jacob Hooper		Father's Birthplace			Md.
Mother's Maiden Name	Annie Hooper		Mother's Birthplace			Md.
Name of person giving information	Sam'l Hooper		How related to deceased			Nephew

CAUSES OF DEATH

106

Primary	Enteritis	✓	How long	2 weeks
	Exhaustion		How long	
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jos. B. Shriver Jr	
Yes		Address	Taylor's Island	
Accident or Suicide?			Md.	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Cokeland</u> Town			County <u>Washington</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>3</u>	Age <u>55</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Don't know</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Cokeland, Md.</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				Father's Birthplace <u>Don't know</u>		
Father's Name <u>Don't know</u>				Mother's Birthplace <u>Don't know</u>			
Mother's Maiden Name <u>Don't know</u>				How related to deceased <u>neighbor</u>			
Name of person giving information <u>Levin F. Hurley</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of lip

Immediate

Prostration

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

39

How long

6 months

How long

2 days

R. J. Price
Vienna, Md.

Accident or Suicide?



Name
in
Full

Henrietta Irvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		County Dorchester		MARYLAND	
Date of death 1908	Month July	Day 2	Years 60	Months	Days
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death Cambridge				
Married, Single or Widowed Married	Name of Wife or Husband Jerry L. Irvin				
Father's Name Spencer Macbether	Father's Birthplace Maryland				
Mother's Maiden Name Pittsburgh	Mother's Birthplace "				
Name of person giving information Jerry L. Irvin	How related to deceased Husband				

CAUSES OF DEATH

27

How long

Some months

How long

Some days

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

Immediate E. L. Irvin

Are the name, age, sex, color, date and place correctly given above?

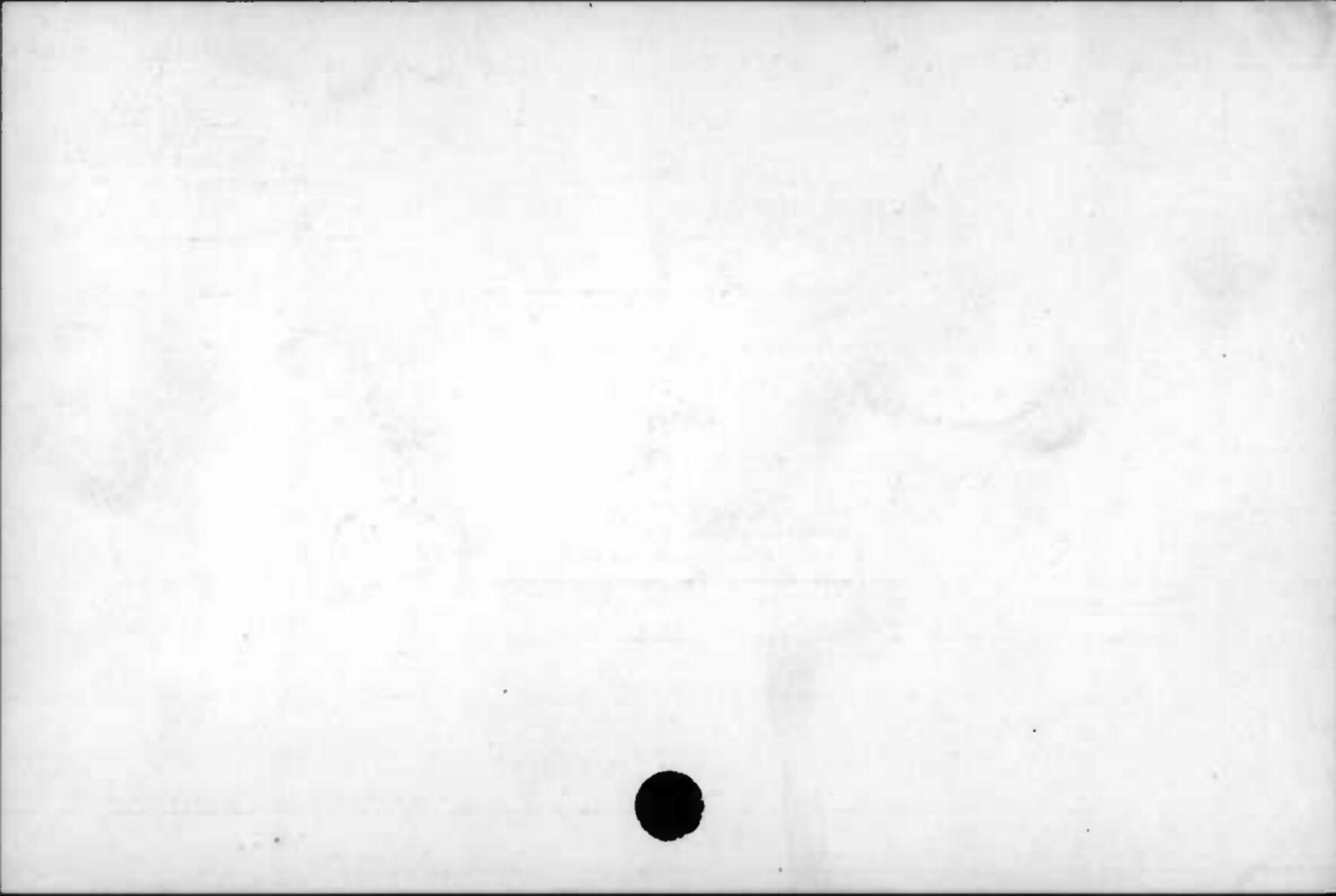
Signature of Physician

Address

Bon Golo Irvin

Cambridge, Md.

Accident or Suicide?



Name
in
Full

Garfield Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

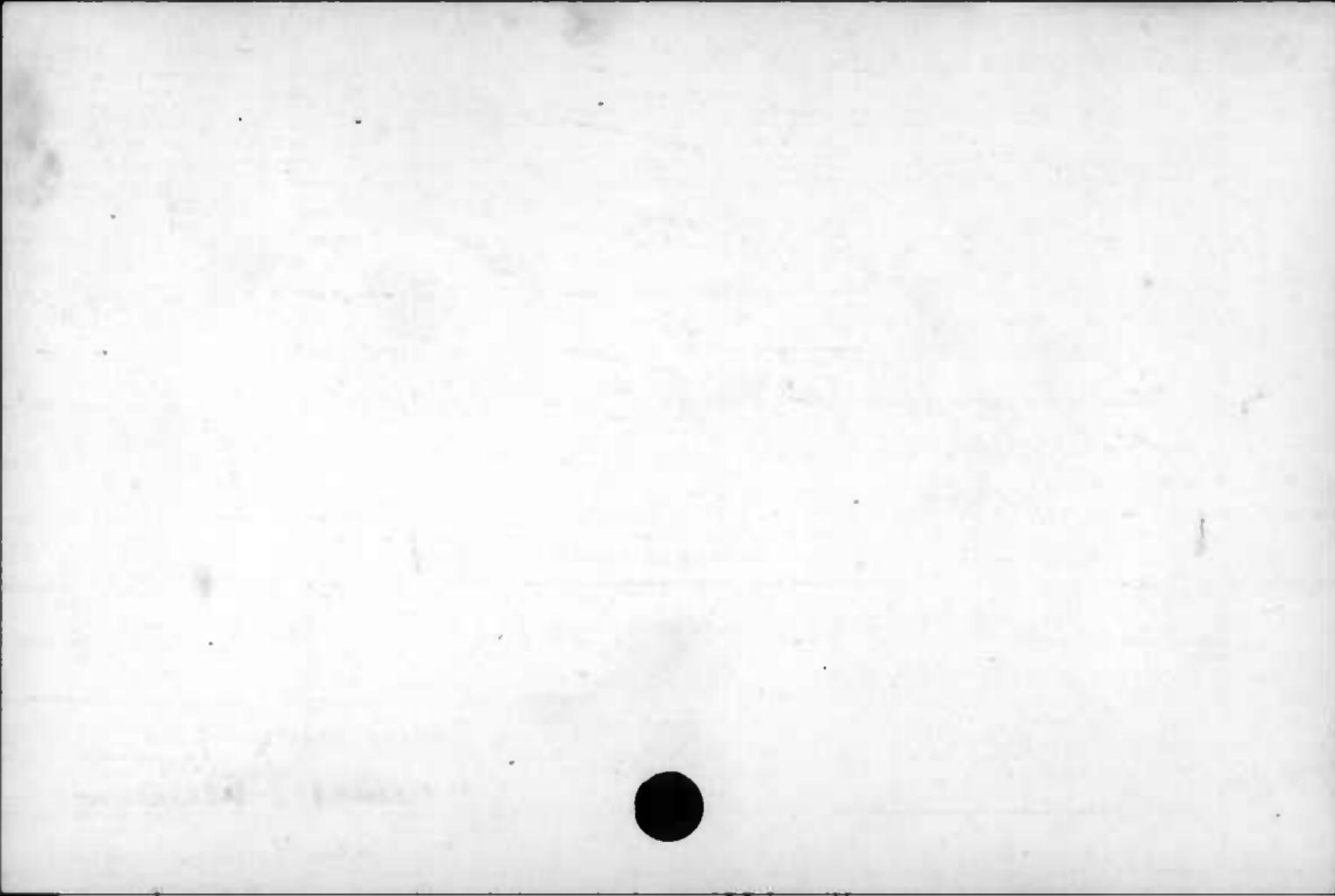
Died at	own Cambridge		County	Dorchester		
Date of death	Month	Day	Years	Months	Days	
1908	July	21	#	11	21	
Sex	Male	Color or Race	colored	Birth-place	Cambridge	
Occupation	Infant		Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Geo. G. Johnson		Father's Birthplace	Dorchester		
Mother's Maiden Name	Emma E. Cephus		Mother's Birthplace	- Talbot Co		
Name of person giving information	Geo. G. Johnson		How related to deceased	Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Sudden Complications		How long	about a week
Immediate	11	1	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		No physician	
	Address		620 Main & University Justice of the Peace	
Accident or Suicide?				



Name
in
Full

Walter Vernon Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town Point</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>4</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Town Point</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Albert Lane</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Maggie Horseman</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Albert Lane</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

179

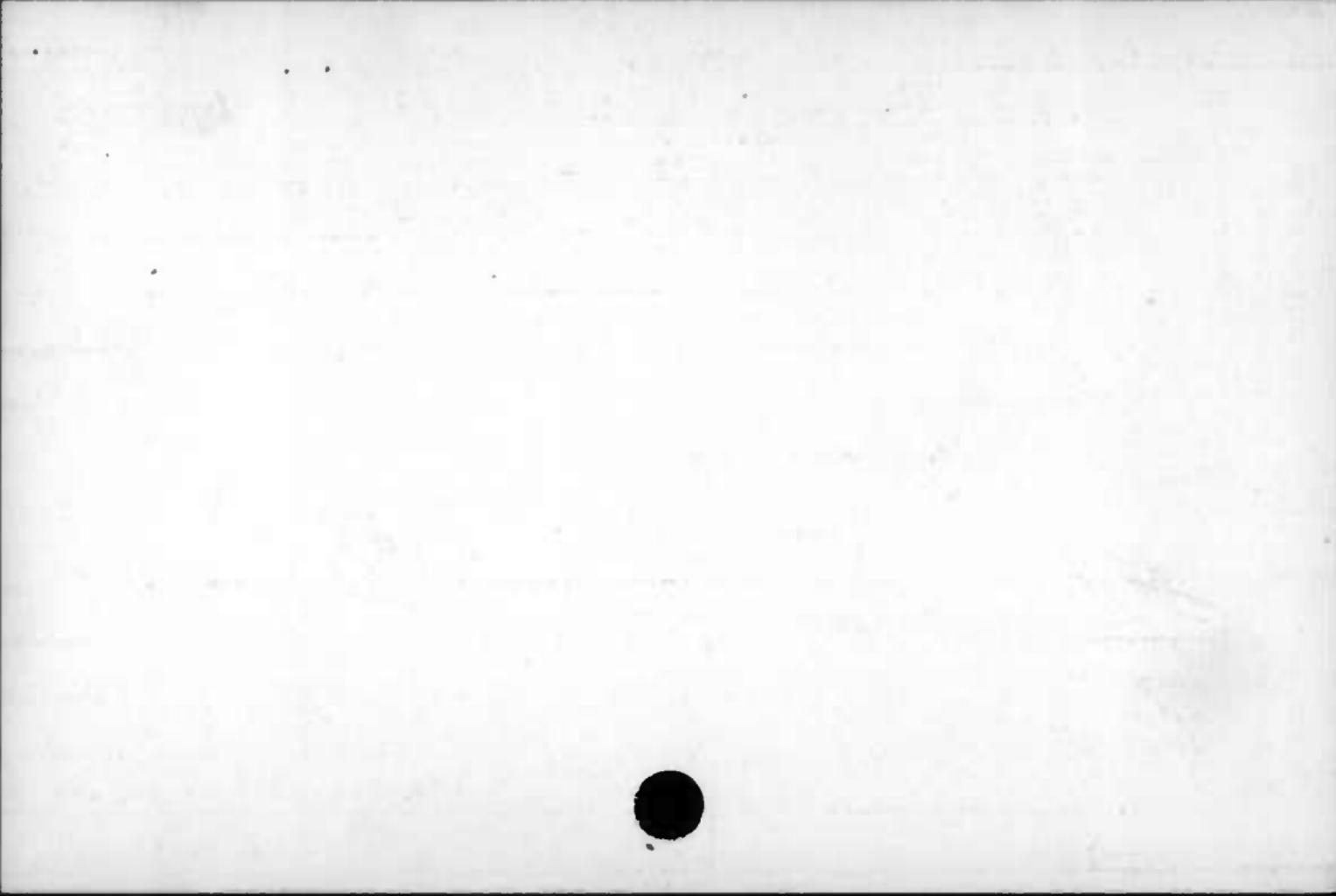
How long

a few days

How long

PHYSICIAN
OR CORONER

Primary <u>Morassm</u>	Signature of Physician	<u>No physician</u>
Immediate <u>Alth austin</u>	Address	<u>Belmont Brivane</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Sub - Register as</u>	
<u>Yes</u>		
Accident or Suicide?		



Name
in
Full

Henry R Liland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

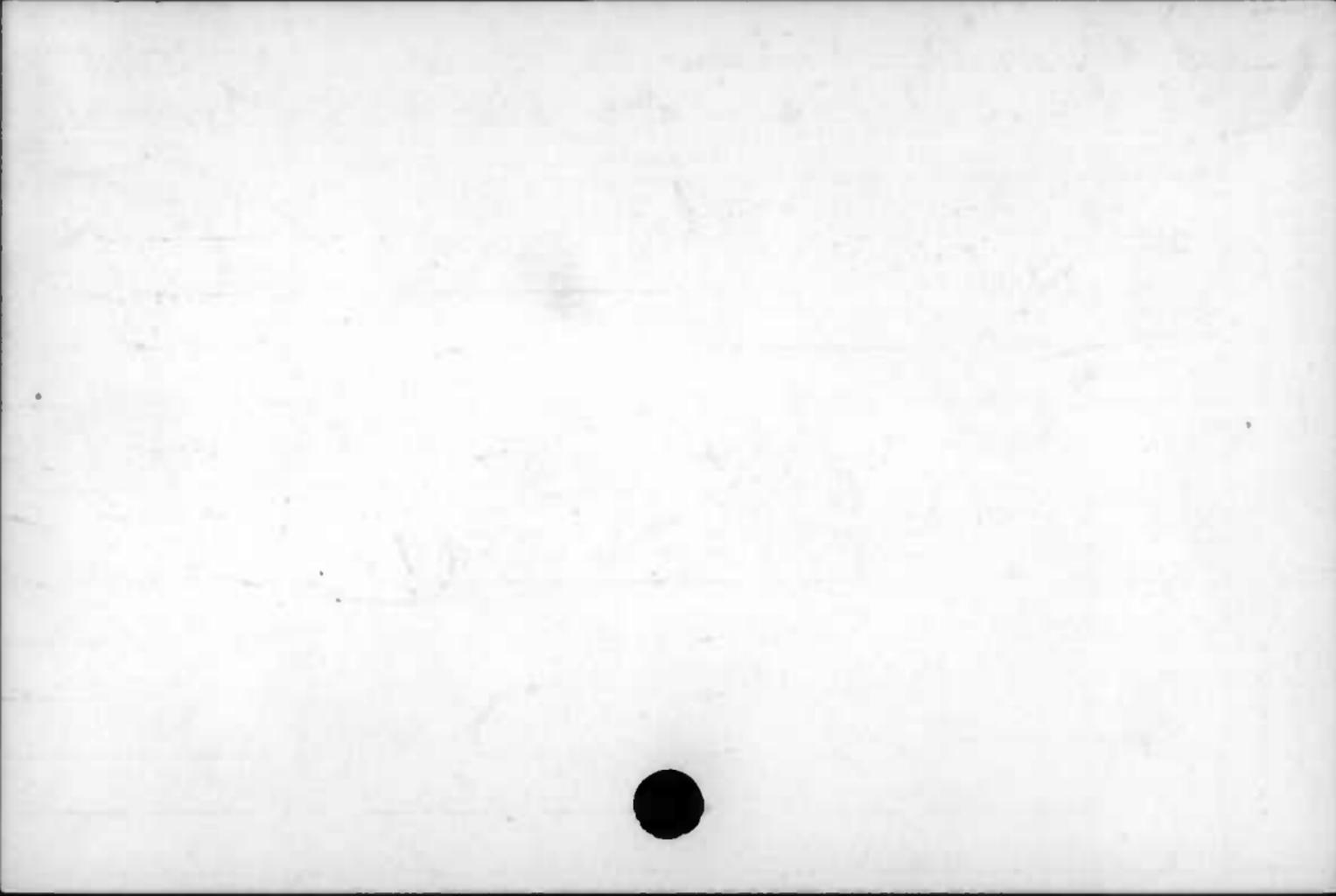
Died at	Town	County	CERTIFICATE OF DEATH		
Died at	Cambudge	Dorchester Co Md	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	30	Age	5	
Sex	Color or Race	Birth-place			
Female	White	Cambudge			
Occupation	Where Residing if not at place of death				
Baby	Cambudge				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Henry Liland	Hooper Island				
Mother's Maiden Name	Mother's Birthplace				
Mary Stewart	Lakemille				
Name of person giving information	How related to deceased				
Henry Liland	Father				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enliv - Colitis	How long	2 m wks
Immediate	Cirrhosis of Liver failure	How long	Month or week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. G. L. Lillard
		Address	Cambudge Cambudge Md
Accident or Suicide?			



Name
in
Full

Millard M Lyons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huslock</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>7</u>	Day <u>5</u>	Years <u>53</u>	Months <u>—</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Mary L Lyons</u>				
Married, <u>Single</u> or Widowed <u>Single</u>	Name of Wife or Husband <u>Mary L Lyons</u>	Father's Birthplace <u>nd</u>			
Father's Name <u>James Lyons</u>	Mother's Birthplace <u>nd</u>				Mother's Maiden Name <u>Rachel Full</u>
Name of person giving Information <u>Aug Lyons</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
<input checked="" type="checkbox"/> <u>104</u>					

PHYSICIAN
OR CORONER

Primary

Immediate

acute indigestion

How long

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

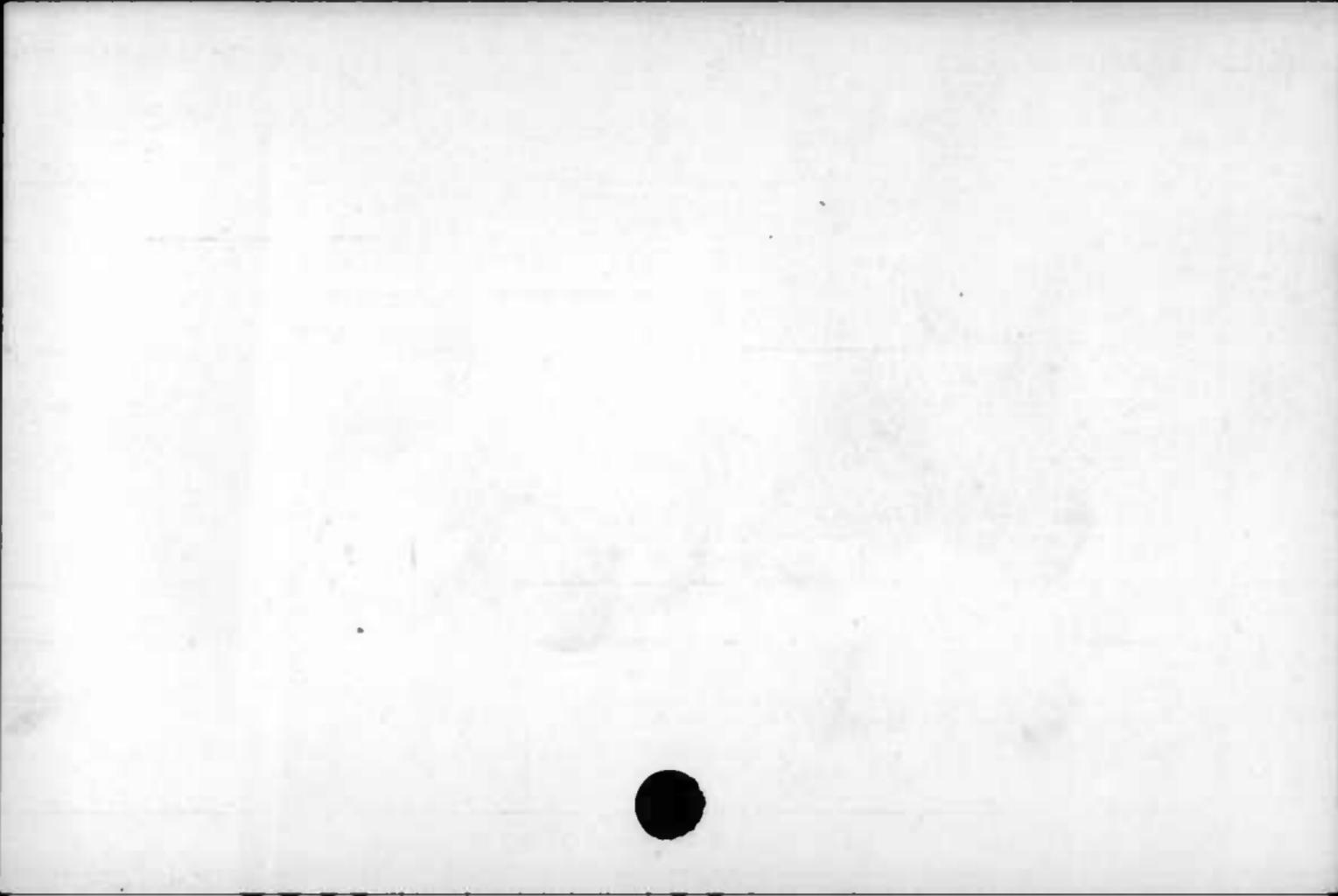
yes

Signature of Physician

Address

No Physician in attendance
Robert L Hastings
Local Register

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret McCallum

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190	8	Month 7	Day 29	Age 6	Months 9	Days 10
Sex	female	Color or Race	white		Birth- place	Dor Co
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband	none					
Father's Name	Charles McCallum		Father's Birthplace			Dor Co
Mother's Maiden Name	Emma Ament		Mother's Birthplace			Dor Co
Name of person giving Information	C. McCallum		How related to deceased			father.

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Alcoholism

Immediate

etc. Some

Are the name, age, sex, color, date
and place correctly given above?

Q

Signature of
Physician

Address

G. Rogers Meyer

Hancock

Ind

Accident or Suicide?

Name
in
Full

Bing Manning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Baltimore				Dorchester			
Date of death	1908	Month	July	Day	16	Years	
Age		Color or Race		Months	4	Days	
Sex	Male	white		Birth-place	Dorchester Co. Md		
Occupation	None	Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Hamilton Manning			Father's Birthplace	Dorchester Co. Md.		
Mother's Maiden Name	Eva McAllister			Mother's Birthplace	" " "		
Name of person giving Information	Hamilton Manning			How related to deceased	Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Chorea Durbani

✓
long

2 months

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

No physician
George Sivire
Justice of the Peace

Yes

Address

Accident or Suicide?



Name
in
Full

Alline A. Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	16	Age 29	11.	14
Sex	Female	Color or Race	white	Birth-place	Golden Hill
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	J. V. Marshall		
Father's Name	Fred North		Father's Birthplace	Dorchester Co. Neck Dist.	
Mother's Maiden Name	Fannie Moore		Mother's Birthplace	Golden Hill	
Name of person giving information	J. V. Marshall		How related to deceased	Husband	

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary Rhritis Pulmonalis

Immediate Emphysema

Are the name, age, sex, color, date and place correctly given above?

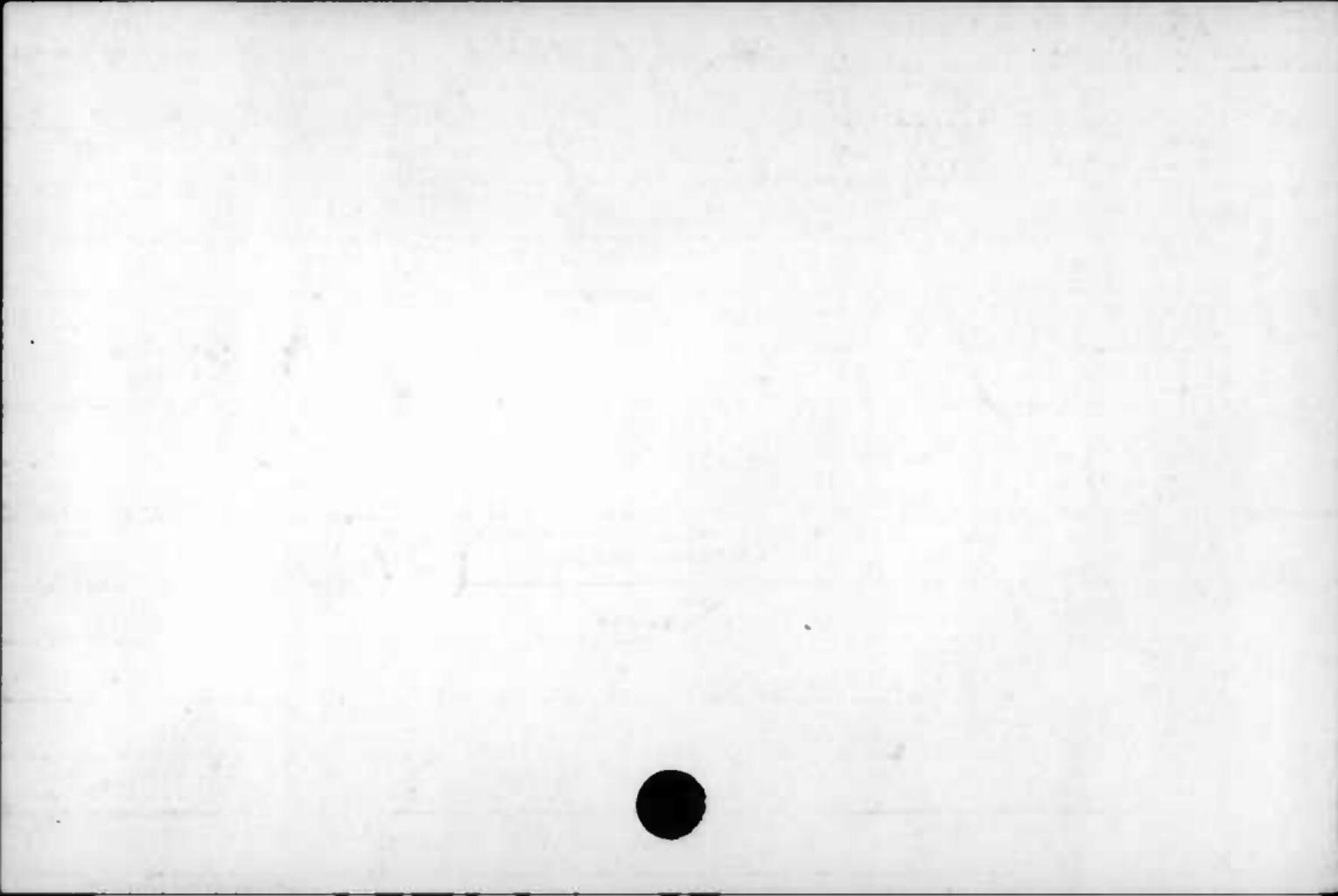
Yes

Signature of Physician

Address

Henry Stile
Cambridge Md

Accident or Suicide?



Name
in
Full

Clara E. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	July	24	Age	39			
Sex	Female	Color or Race	White	Birth-place	Dorchester Co		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Levin E. Marshall				
Father's Name	Thomas Bassett		Father's Birthplace	Dorchester			
Mother's Maiden Name	Margaret Stanley		Mother's Birthplace	Dorchester Co			
Name of person giving Information	Levin E. Marshall		How related to deceased	Husband			

CAUSES OF DEATH

42

Primary	Carcinoma cervical		How long	Can't say.
Immediate	Peritonitis & Shock		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. E. Wolff	
		Address	Cambridge, Md	
Accident or Suicide?				

ج



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Cornelia Neckins

CERTIFICATE OF DEATH

Died at <u>Baltimore</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>2</u>	Age <u>42</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing If not at place of death <u>Baltimore Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Philmore Neckins</u>				
Father's Name <u>Isaac Andrews</u>	Father's Birthplace <u>N.Y.</u>				
Mother's Maiden Name <u>Agnes Paul</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Anna Neckins</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

27

How long

3 months

How long

3 days

Primary

Pulmonary Tuberculosis

Immediate

2 Launr

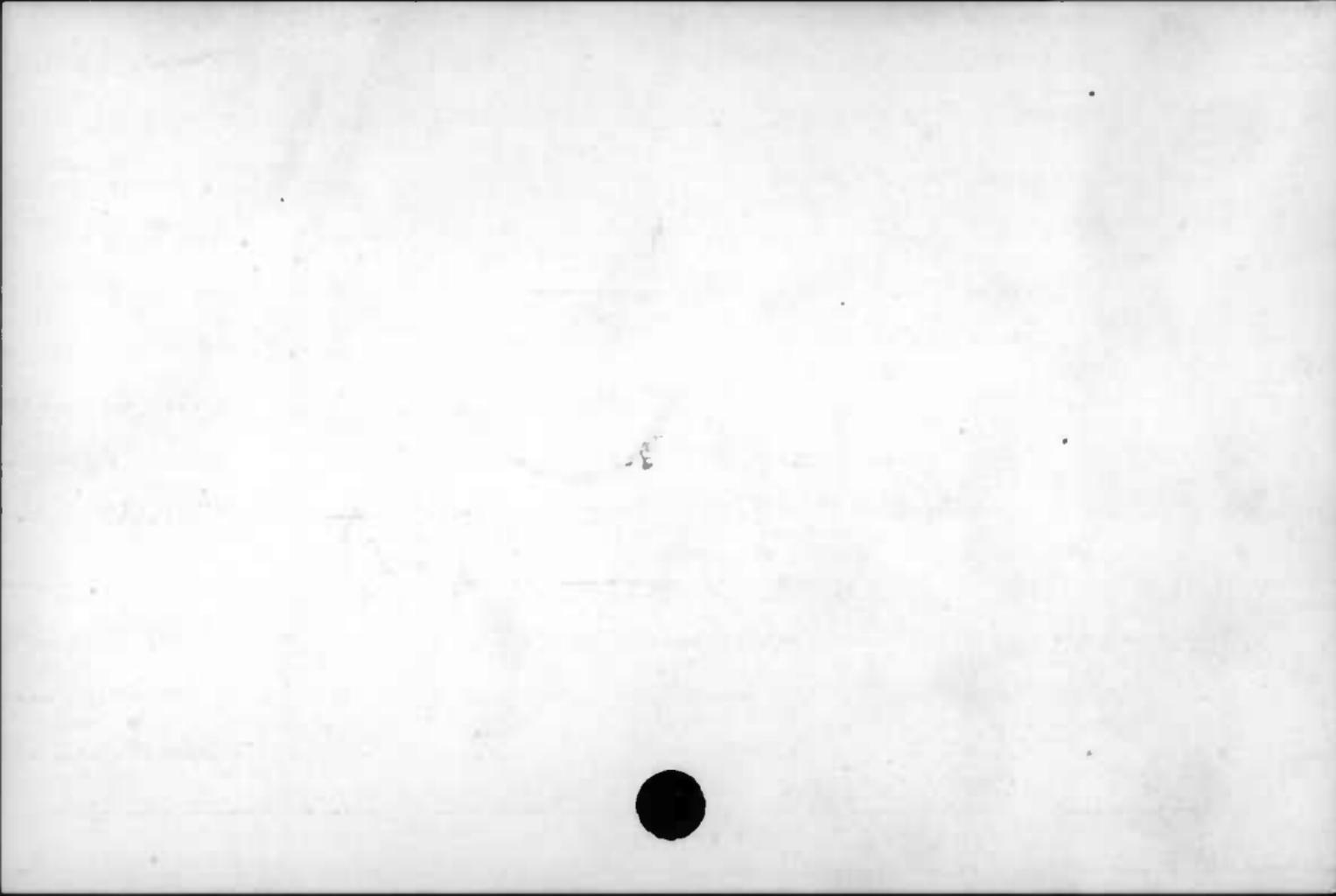
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Bonola Wm
Cecilngtn

Accident or Suicide?



Name
in
Full

Elizabeth E. Meekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Fishing Creek	Dorchester					
Date of death 1908	Month July	Day 31	Age 27	Years	Months	Days
Sex Female	Color or Race	White	Birth-place	Md		
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband	Alfred W. Meekins				
Father's Name Sam'l E. Hooper	Father's Birthplace Md					
Mother's Maiden Name UNKNOWN	Mother's Birthplace UNKNOWN					
Name of person giving information Alfred W. Meekins	How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis - Pulmonary +
Intestinal

How long

1 yr

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

Jos. K. Shriver Jr.
Tay Cox Island
Md.

Accident or Suicide?

Name
in
Full

Grace Moore

CERTIFICATE OF DEATH

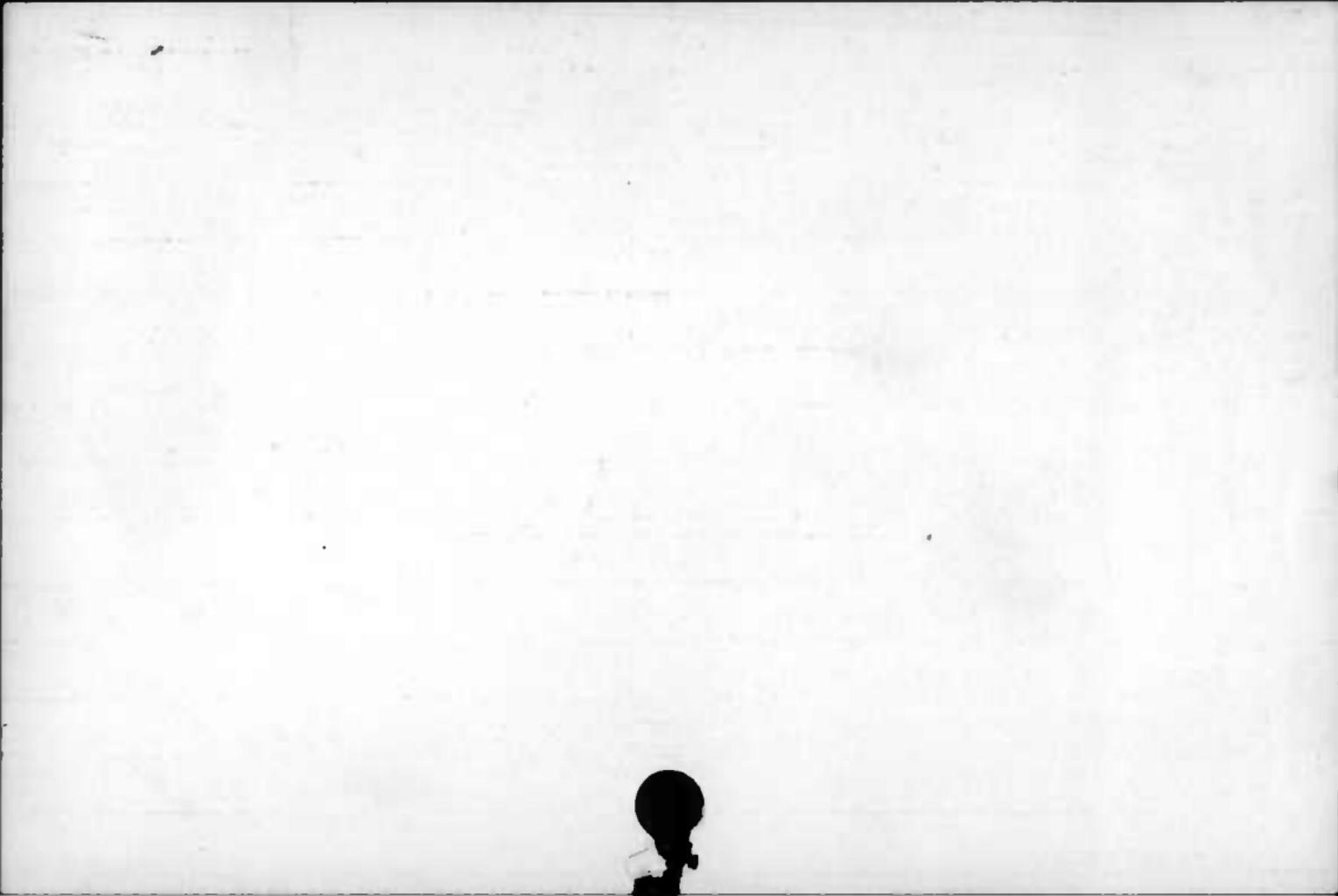
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		County <u>Dorchester</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>7</u>	Day <u>9</u>	Age <u>65</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ind</u>			
Occupation <u>Farming</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>From Hospital Adminin Blank</u>						How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Urticaria</u>	How long <u>Don't Know</u>
Immediate <u>Exhaustion</u>	How long <u>short</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. E. Wolff</u>
<input checked="" type="checkbox"/>	Address <u>Cambridge, Md.</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary S. Mosteller

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
1908		July	25	Age	Pa.	
Sex	Female		Color or Race	white		
Occupation	Child		Where Residing if not at place of death			Pa.
Married, Single or Widowed	Single		Name of Wife or Husband	—		
Father's Name	George H. Mosteller		Father's Birthplace			Pa
Mother's Maiden Name	Lillian Hammey		Mother's Birthplace			Ind
Name of person giving Information	Lillian M. Mosteller		How related to deceased			Mother

CAUSES OF DEATH

105

How long

10 days

How long

PHYSICIAN
OR CORONER

Primary

Enteritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Macs
Dundas

Accident or Suicide?



Name
in
Full

Wesley Murry.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	9 th	60	-	-
Sex	Male	Color or Race	colored	Birth-place	Maryland
Occupation	Miller	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Laura Murry		
Father's Name	Joe Murry				
Mother's Maiden Name	Millie Young				
Name of person giving information	Joseph Murry				

CAUSES OF DEATH

74

How long

3 days

How long

PHYSICIAN
OR CORONER

Primary

Sciatica

Immediate

Cardiac Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

514 Blaund
Vienna Md

Accident or Suicide?

80



Name
in
Full

Harry Porom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shorewood</u>		County <u>Do</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>7</u>	Day <u>14</u>	Age <u>34</u>	Years <u>34</u>	Months <u>6</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Painter</u>		Birthplace <u>Do 60 2nd</u>		
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband <u>None</u>						
Father's Name <u>Thos Porom</u>						Father's Birthplace <u>Do 60</u>
Mother's Maiden Name <u>M J Porom</u>						Mother's Birthplace <u>Do 60</u>
Name of person giving information <u>John E Porom</u>						How related to deceased <u>Brother</u>

CAUSES OF DEATH

39

How long

3 yrs

How long

PHYSICIAN
OR CORONER

Primary

Extrusion of lip & neck

Immediate

the same

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G Roger Myers
Shorewood
Wld

Accident or Suicide?



Name
in
Full

William Harrison Phillips

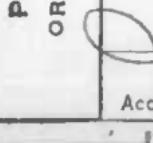
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		County <u>Dor.</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>10</u>	Years	Months <u>7</u>	Days <u>12</u>
Sex <u>male</u>	Color or Race <u>white</u>	Age	Birth-place <u>Cambridge</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Henry Phillips</u>			Father's Birthplace <u>Cambridge</u>		
Mother's Maiden Name <u>Anne Sherman</u>			Mother's Birthplace <u>County</u>		
Name of person giving information <u>Henry Phillips</u>			How related to deceased <u>Father</u>		
CAUSES OF DEATH					
Primary	<u>Exertion</u>		How long <u>Two weeks</u>		
Immediate	<u>overexertion</u>		How long <u>Five days</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. W. H. Hanby</u>			
		Address			
Accident or Suicide?					

105

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary E Reed

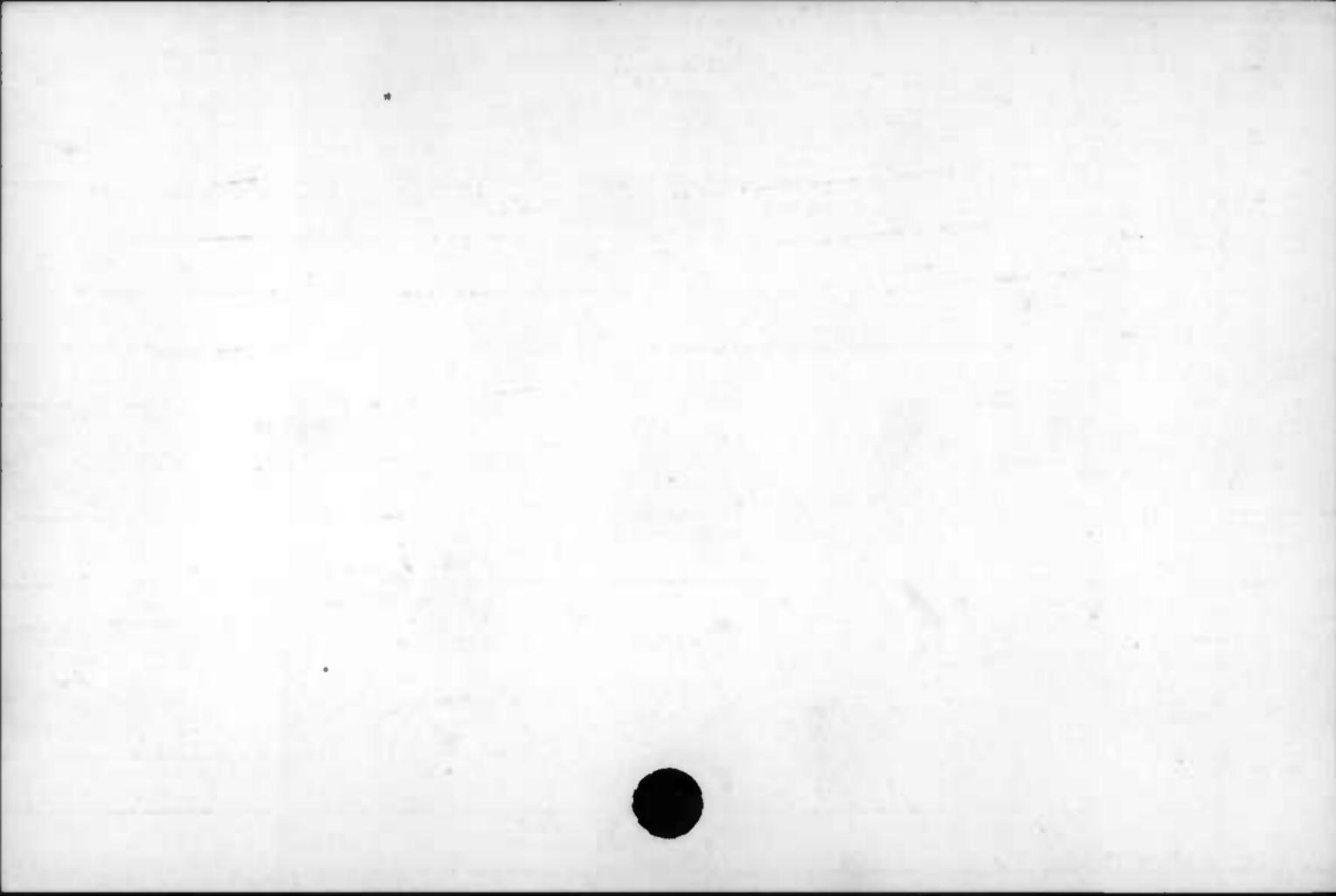
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 7	Day 15	Years 67	Months	Days
Sex	Female	Color or Race	White		Birth-place	Baltimore Co
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Edward Reed			
Father's Name	# John Gager		John Gager			Father's Birthplace
Mother's Maiden Name	Mary Belman		Mary Belman			Mother's Birthplace
Name of person giving information	Charles R. Reed		Charles R. Reed			How related to deceased

CAUSES OF DEATH

120

Primary	Bright's Disease		How long	six weeks
Immediate	Uremic poisoning		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. F. Nichols, M.D.
			Address	E. N. Market
Are there any side?				MD



Name
in
Full

Elmer Schlender

CERTIFICATE OF DEATH

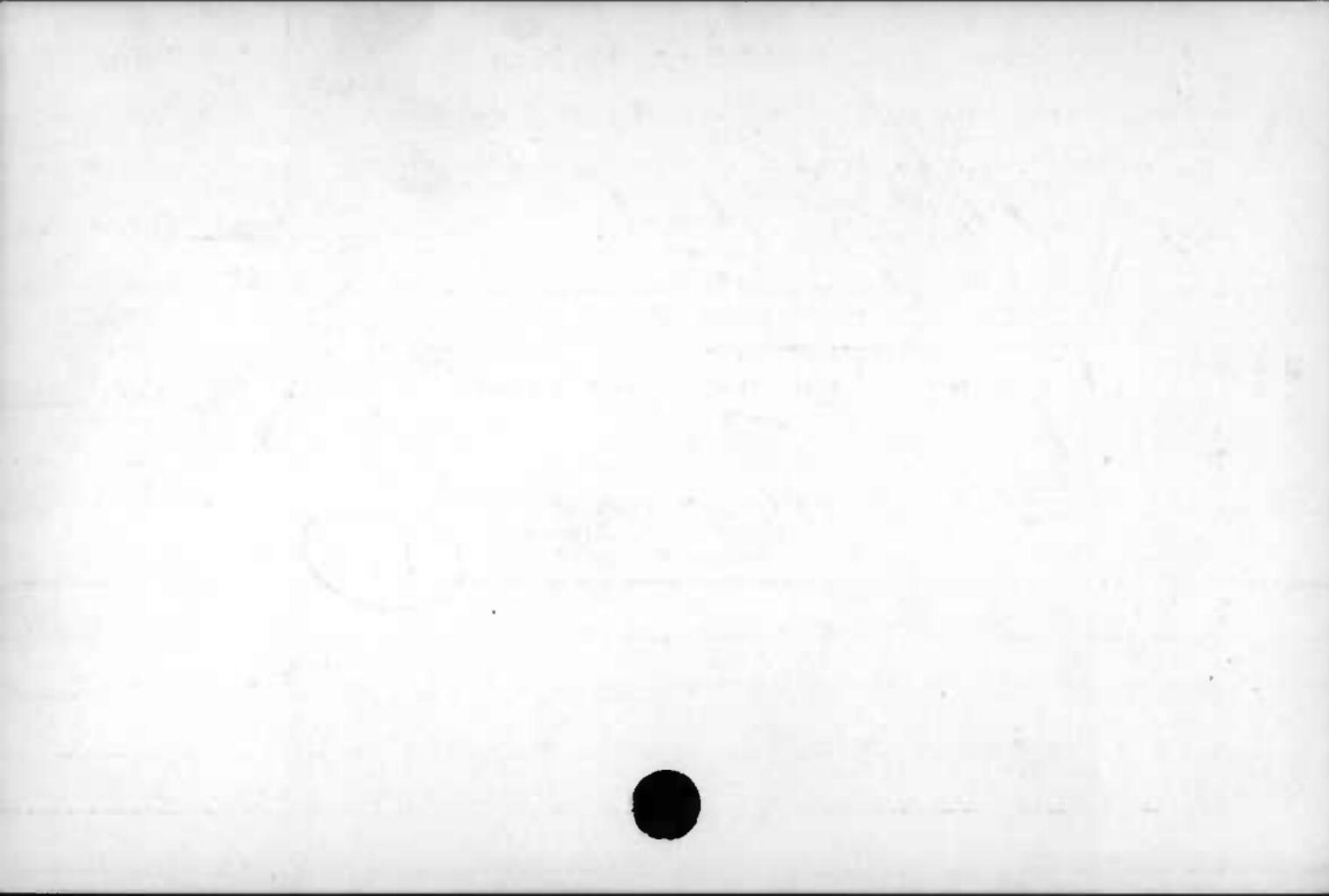
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month July	Day 31	Years 1	Months 2	Days -	
Sex	Femal ^e	Color or Race	White	Birth-place		Maryland	
Occupation	None	Where Residing if not at place of death			near Cambridge		
Married, Single or Widowed	-	Name of Wife or Husband			-		
Father's Name	William Schlender	Father's Birthplace			Germany		
Mother's Maiden Name	Viola Peters	Mother's Birthplace			America		
Name of person giving information	William Schlender	How related to deceased			Father		

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	Marasmus	How long Several months
	Immediate	Cholera Infantum	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. E. Wooff
		Address	Cambridge, Md
Accident or Suicide?			



Name
in
Full

Joshua R Schumann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hills Point		Baltimore				
Date of death	1908	Month July	Day 19	Years 0	Months 1	Days 21
Sex	Male	Color or Race	white	Age	Birth-place	MD
Occupation	infant	Where Residing if not at place of death			Philadelphia MD	
Married, Single or Widowed	Single	Name of Wife or Husband	Name			
Father's Name	Frank Schumann				Father's Birthplace	MD
Mother's Maiden Name	Bessie Stevenson				Mother's Birthplace	MD
Name of person giving information	John B Endon				How related to deceased	Uncle

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

7 weeks

Immediate

Congestions

How long

12 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

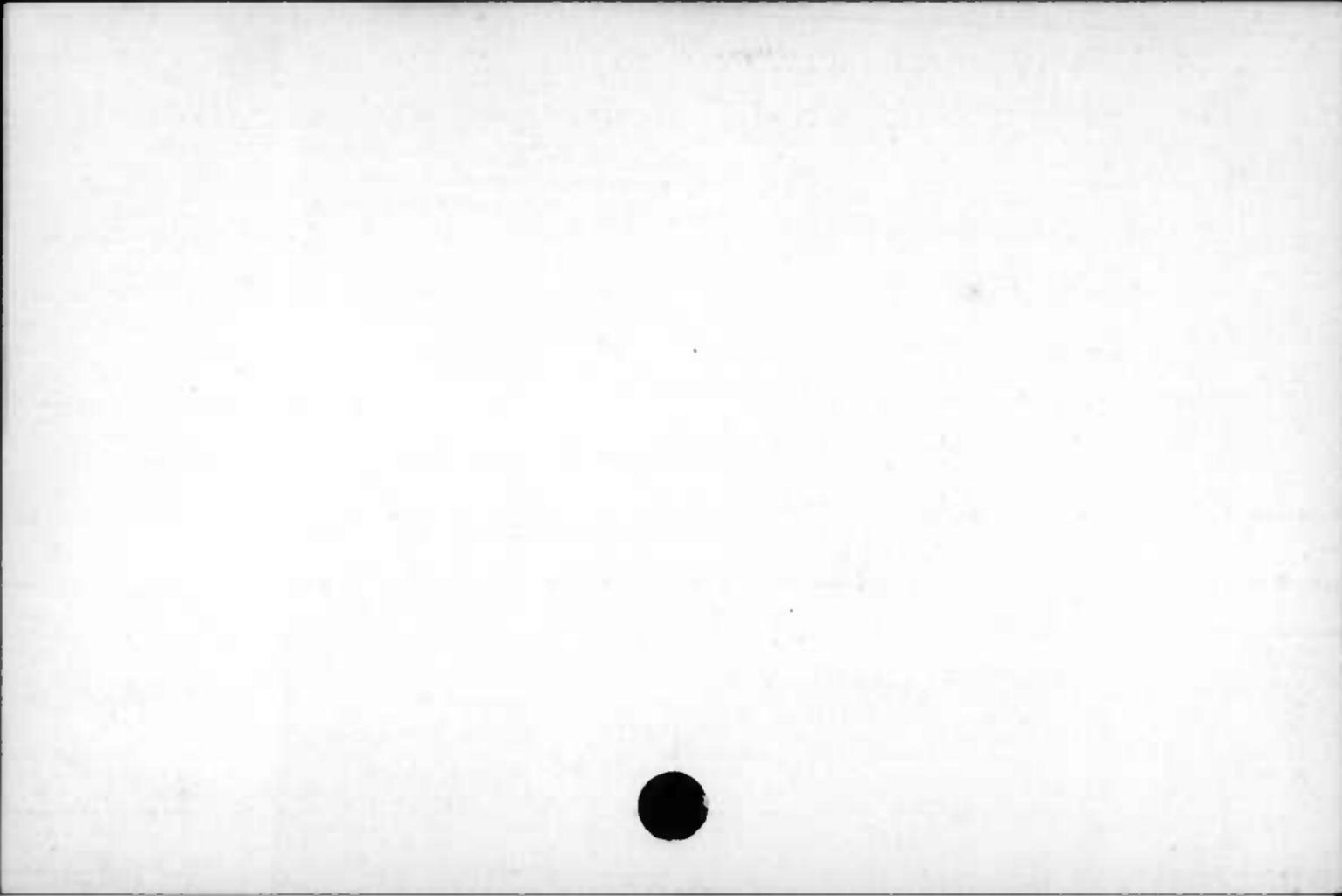
Address

S A Stokes

Cornersville

MD

Accident or Suicide?



Name
in
Full

Lysunda Sharp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		State	
Cambidge		Dorchester	Co		Ma	MARYLAND
Date of death	1908	Month	July	Day	14	Years
Age	42	Months			Days	
Sex	Female	Color or Race	Black		Birth-place	Cambidge
Occupation	House wife	Where Residing if not at place of death			Cambidge	
Married, Single or Widowed		Name of Wife or Husband	E Sharp		Father's Birthplace	Lakewood
Father's Name	Joseph Heorsy				Mother's Birthplace	Linkwood
Mother's Maiden Name	Emily Farns				How related to deceased	Deusban
Name of person giving information	E Sharp					

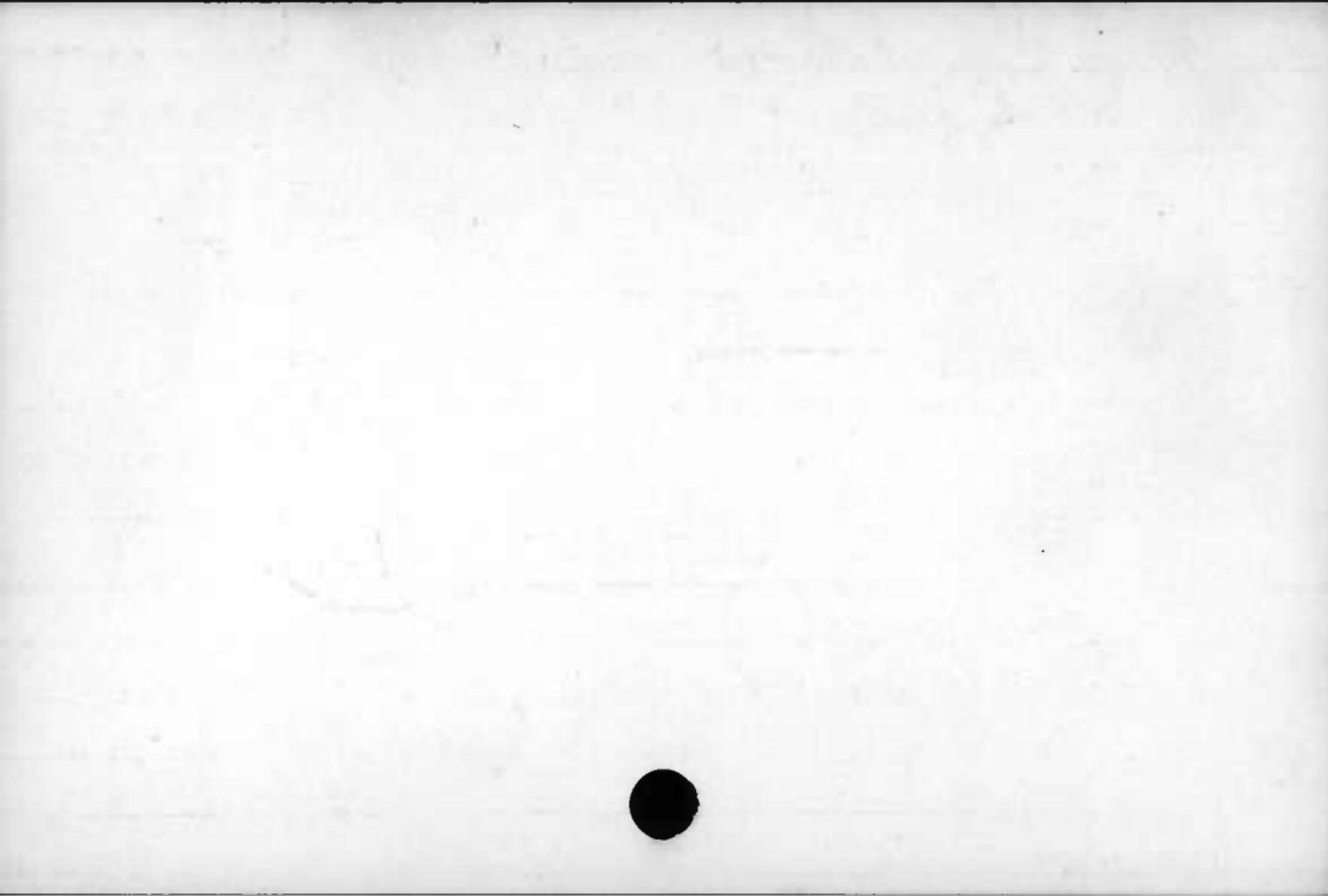
CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary	Hypnotic & Burns of Head - opiates		How long	Immigran
Immediate	General Paroxysm after operation		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	Henry Stull
			Address	Cambidge Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

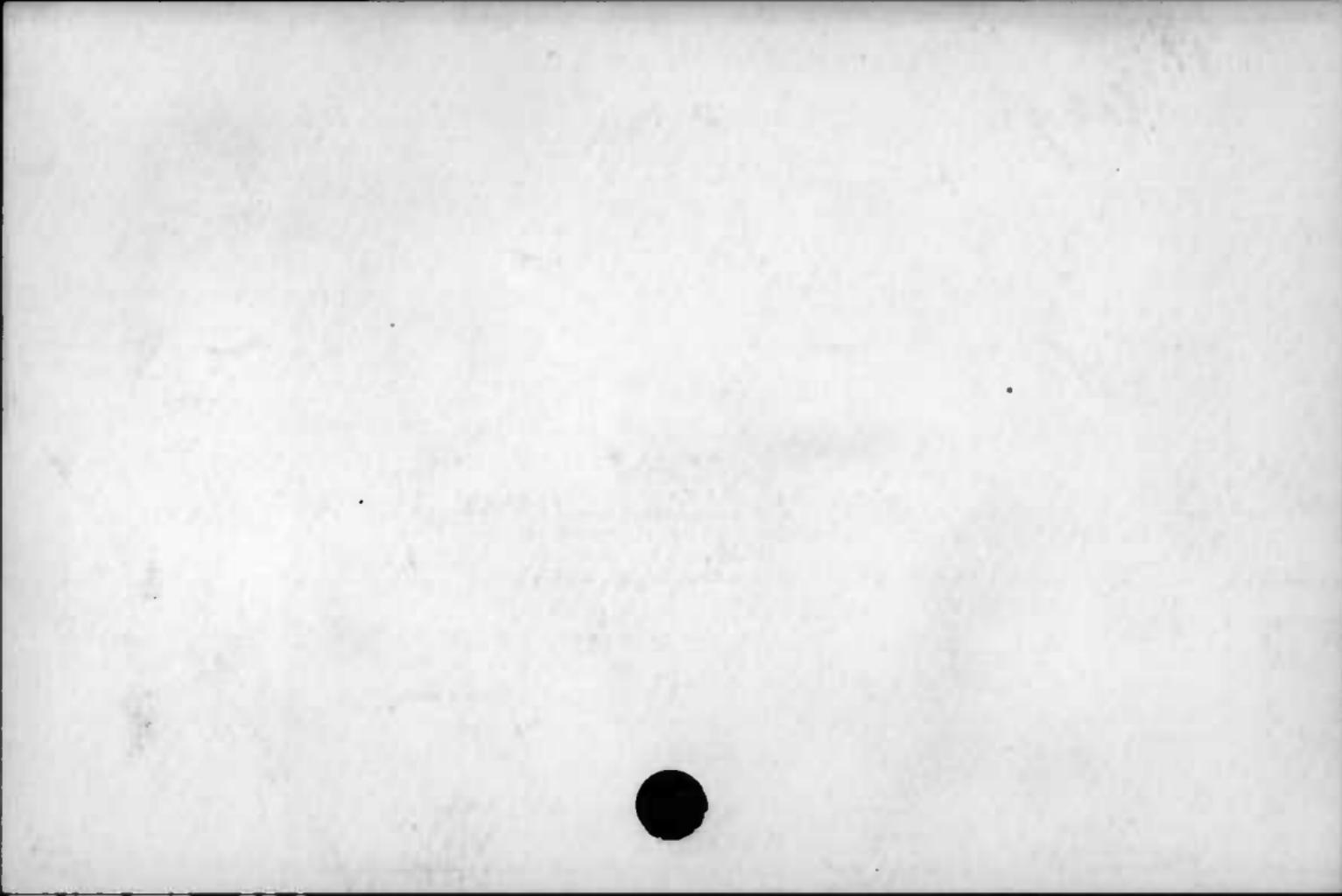
CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	1908	Month	Day	Years	Months Days
Sex	Male	7	4	73	Age
Occupation	Merchant -		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband		
Father's Name	Thos B Sherman		Mary Sherman		
Mother's Maiden Name	Mary Rawlegh		Salem, Md.		
Name of person giving information	Minnie Sherman		Daughter		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease		How long	2 years
Immediate	Urinary Disease		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. L. Nichols M.D.
			Address	S. H. Mortalt
				md
A. M. Nichols				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

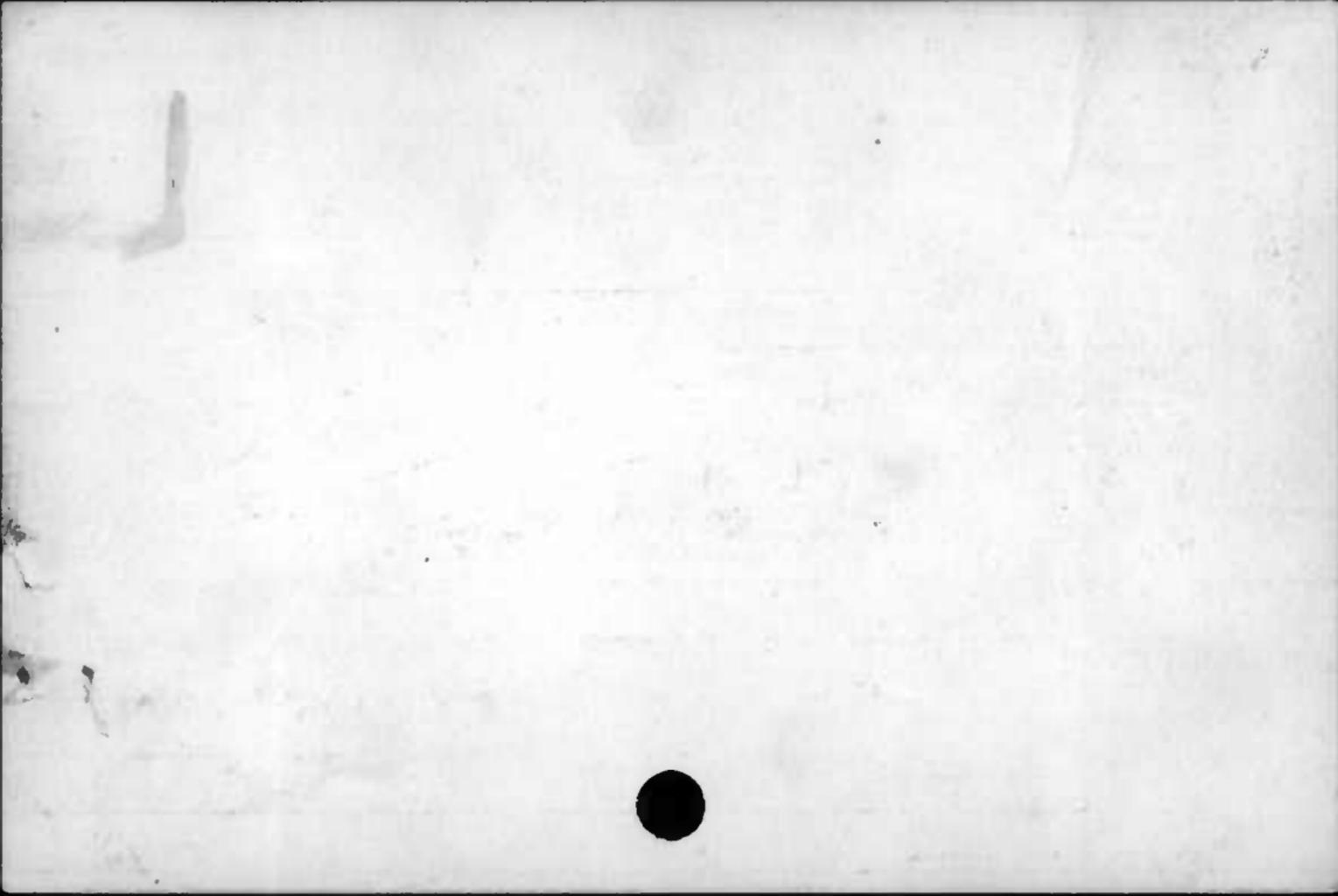
CERTIFICATE OF DEATH

Died at <u>Secretary</u>		Town <u>Town</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>29</u>	Years <u>45</u>	Age <u>45</u>	Months <u>3</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>					
Occupation <u>Painter & stationer</u>	Where Residing if not at place of death <u>Secretary, Md.</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Ellen Stevens</u>						
Father's Name <u>Jessie Stevens</u>	Father's Birthplace <u>unknown</u>						
Mother's Maiden Name <u>Margret A Stevens</u>	Mother's Birthplace <u>unknown</u>						
Name of person giving information <u>Daniel J Stevens</u>	How related to deceased <u>Bro.</u>						

CAUSES OF DEATH

27

Primary <u>Pulmonary & Laryngeal T.B.</u>	How long <u>one day</u>
Immediate <u>General debility & chronic asthma</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. O. Starbrough, M.D.</u>
	Address <u>East New Market, Maryland.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Henry Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Vienna		County Dorchester -		MARYLAND	
Date of death 1908	Month July	Day 15	Age 68	Years	Months Days
Sex Male	Color or Race Colored	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death -				
Married, Single or Widowed Married	Name of Wife or Husband Ellia Stewart				
Father's Name Josiah Pickett	Father's Birthplace Md				
Mother's Maiden Name Julia Thompson	Mother's Birthplace Md				
Name of person giving information Levin Baltimore	How related to deceased Friend				

CAUSES OF DEATH

154

How long

How long

Primary

Senile

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr H. Black
Vienna Md

Accident or Suicide?



Name
in
Full

David Stanger (Stranger)
Died at Cambridge Town County Dorchester
Date of death 1908 Month July Day 20 Age 69 Years

CERTIFICATE OF DEATH

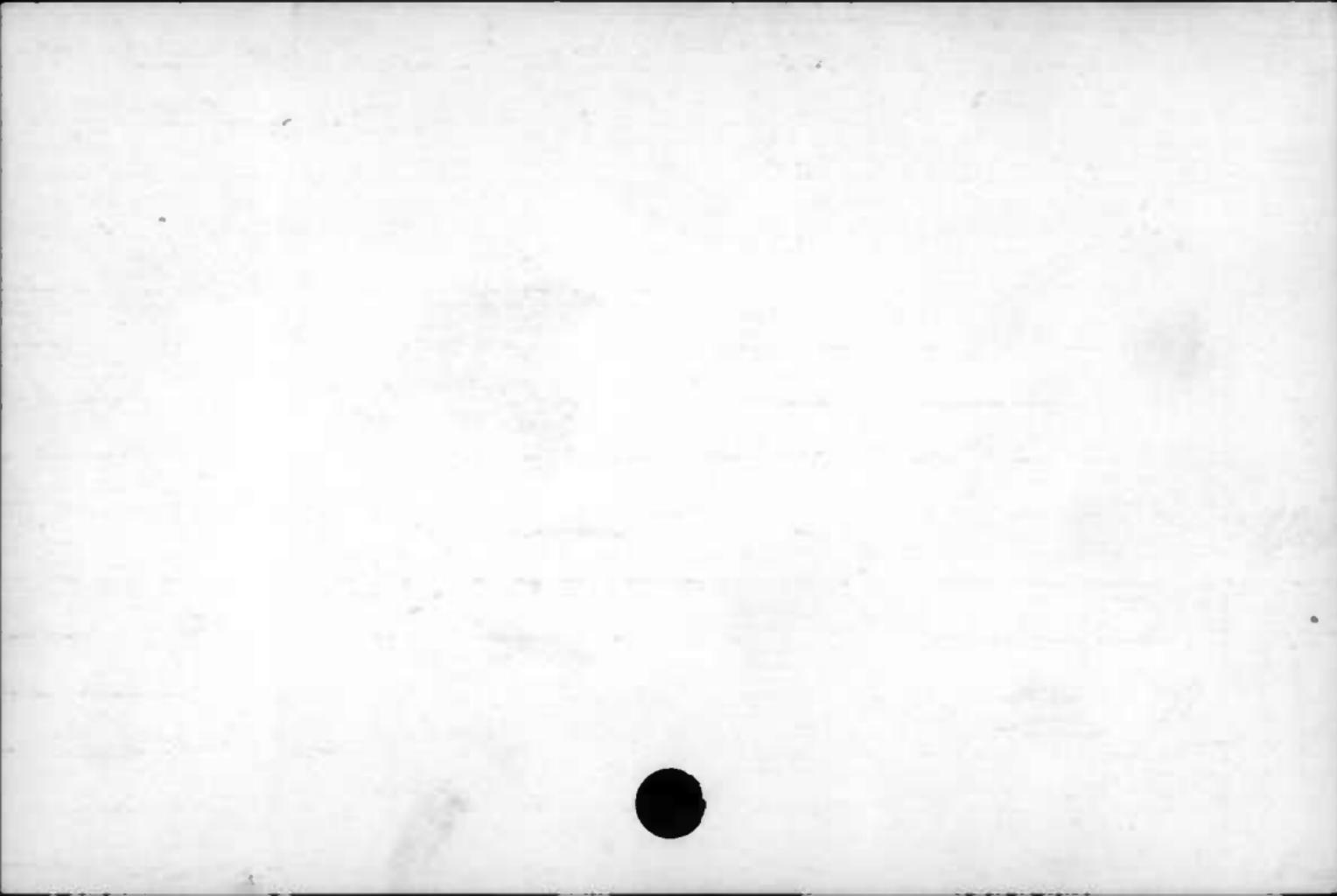
TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>20</u>	Age <u>69</u>	Years <u>69</u>	Months <u>11</u>	Day <u>1</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Cambridge</u>				
Occupation <u>Horse</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annabel B. Strangher</u>					
Father's Name <u>Sam. Strangher</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Mary Willis</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Annabel Strangher</u>	How related to deceased <u>wife</u>					

PHYSICIAN
CORONER

Primary	How long	6 months
Secondary	How long	24 hours
Immediate		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Gracie Elizabeth Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hopiersville</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>17</u>	Age	Years	Months <u>4</u> Days <u>25</u>
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Hopiersville Md</u>			
Occupation	Where Residing if not at place of death <u>Hopiersville</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Samuel M. Tyler</u>	Father's Birthplace <u>Hopiersville</u>				
Mother's Maiden Name <u>Susan S. Hooper</u>	Mother's Birthplace <u>Hopiersville</u>				
Name of person giving information <u>Samuel M. Tyler</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(27)

How long

How long

from birth

PHYSICIAN
OR CORONER

Primary

Circumcision

Immediate

Are the name, age, sex, color, date and place correctly given above?

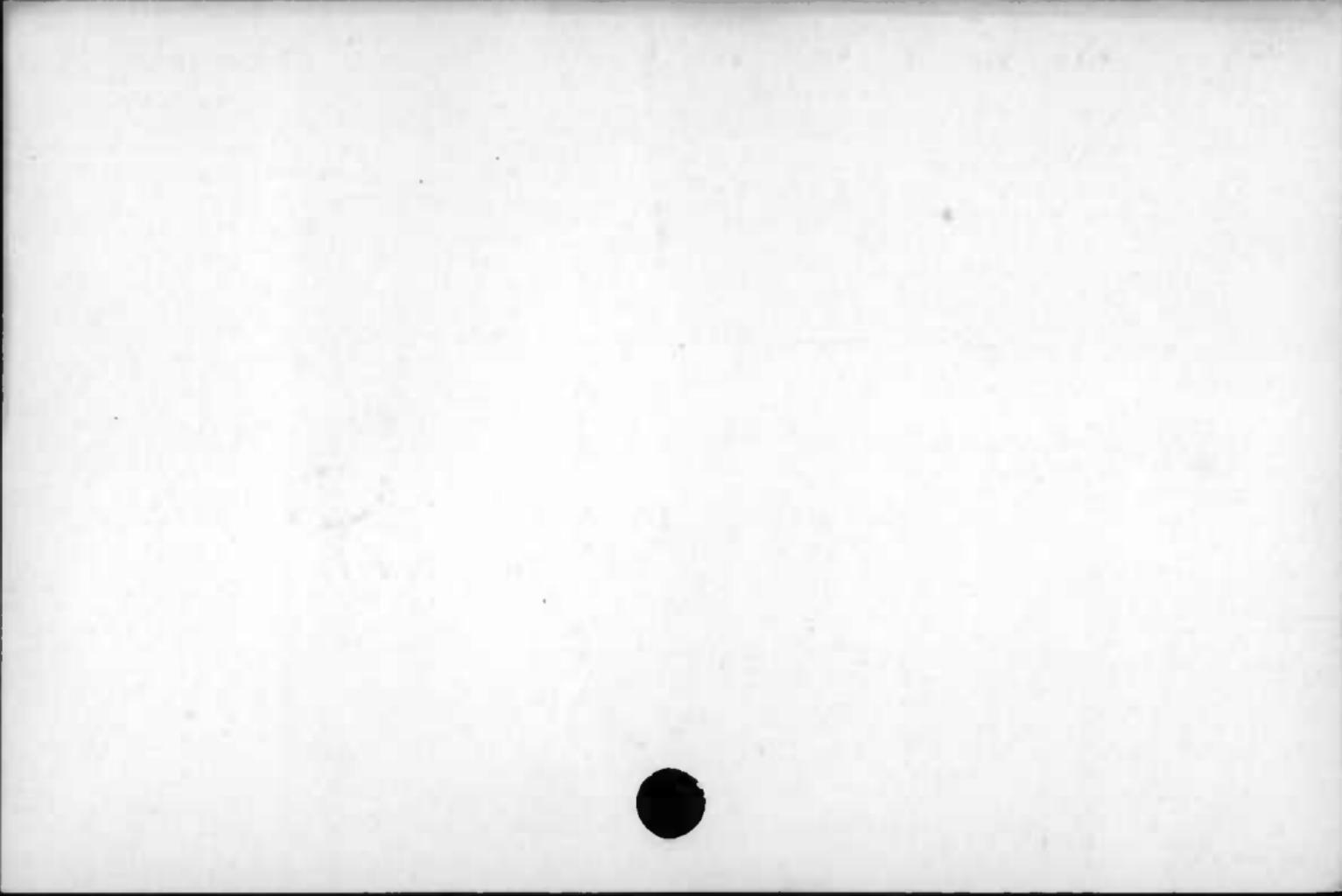
Q

Accident or Suicide?

Signature of
[Redacted]

Address

Lawrence P. Ashton Jr.
Hopiersville Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Edward Vaughan							CERTIFICATE OF DEATH		
Died at Hurlock				County Dor			MARYLAND		
Date of death 1908	Month 7	Day 1	Age 6	Years ←	Months 3	Days 24			
Sex male	Color or Race white			Birth-place Hurlock Md					
Married, Single or Widowed Single	Occupation none								
Name of Wife or Husband none									
Father's Name John Vaughan				Father's Birthplace Dor 60					
Mother's Maiden Name Jessie Moore				Mother's Birthplace Dor 60					
Name of person giving Information John Vaughan				How related to deceased father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

struck

How long

Immediate

the Some of his clothes

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

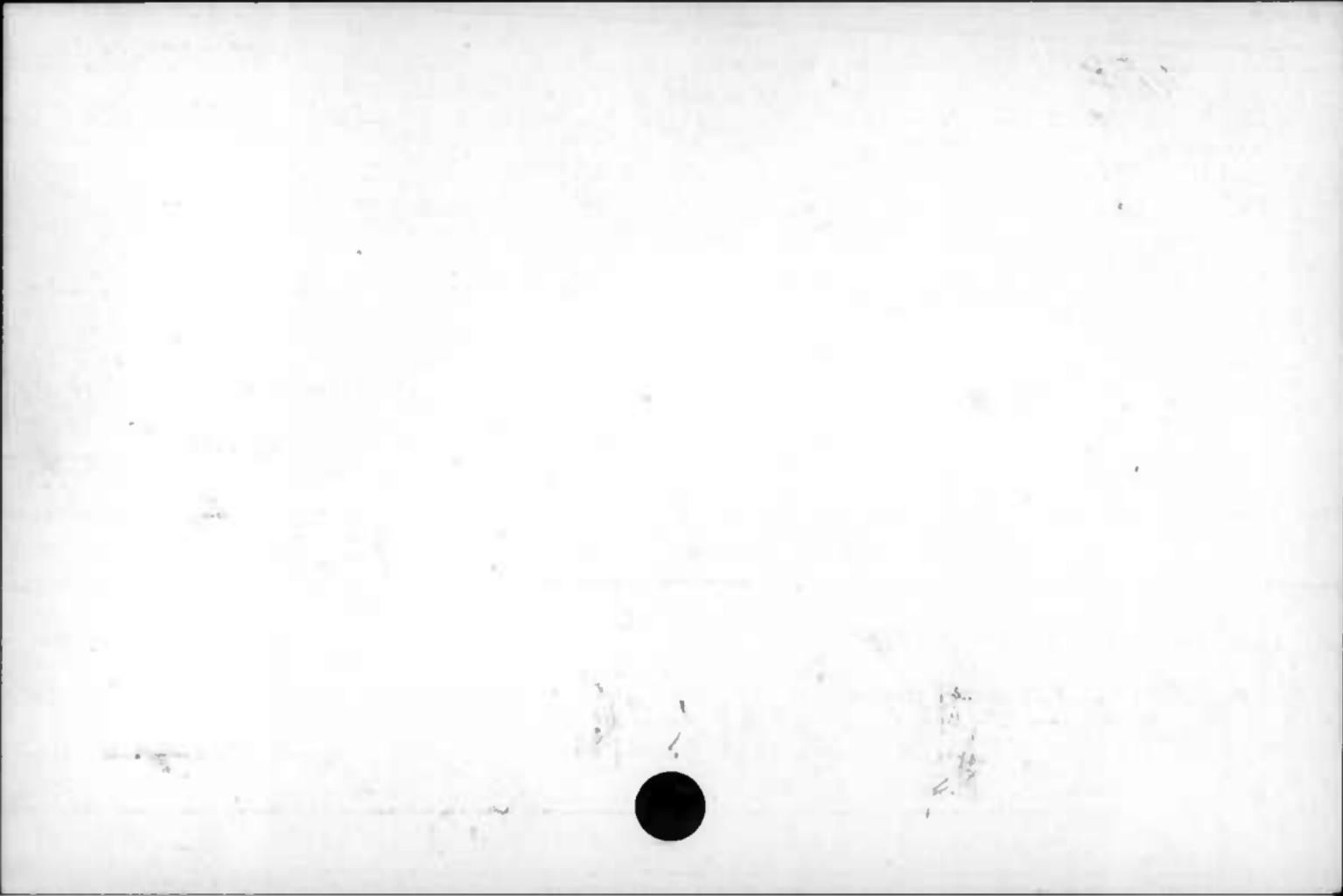
Address

Roger Murphy

Hurlock

and

Accident or Suicide?



Name
in
Full

Mable V Vaughan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation	Birth-place			
Married, Single or Widowed	single	none	Dor Co			
Name of Wife or Husband	none					
Father's Name	John Vaughan			Father's Birthplace	Dor Co	
Mother's Maiden Name	Juanita V. Moon			Mother's Birthplace	Dor Co	
Name of person giving information	John Vaughan			How related to deceased	father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

struck

How long

Immediate

Thrombosis & Disse

How long

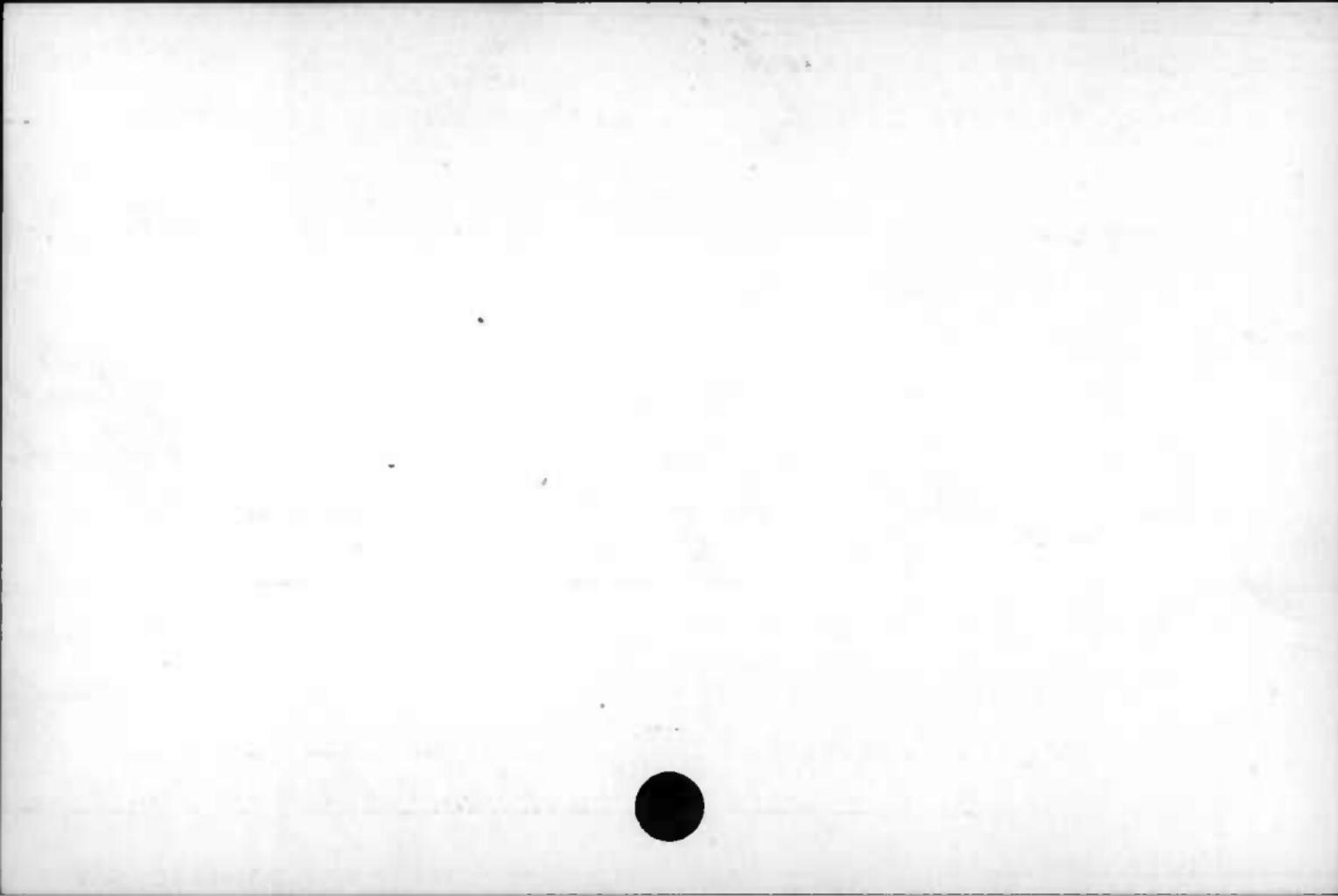
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roger Myrs
Harrison
Md

Accident or Suicide?



Name

In
Full

Emma E. Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1908	Month	Day	Years	Months
Sex	Female	Color or Race	White	Age	Days
Occupation	School-teacher			Where Residing if not at place of death	-
Married, Single or Widowed	Single	Name of Wife or Husband	-	Father's Birthplace	Maryland
Father's Name	William H. Willis			Mother's Birthplace	Maryland
Mother's Maiden Name	Mary Hale			How related to deceased	Brother
Name of person giving information	W. T. Willis			How long	Four weeks

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Sub. Acute Gastritis

Immediate Abscess Parotid Gland

Are the name, age, sex, color, date and place correctly given above?

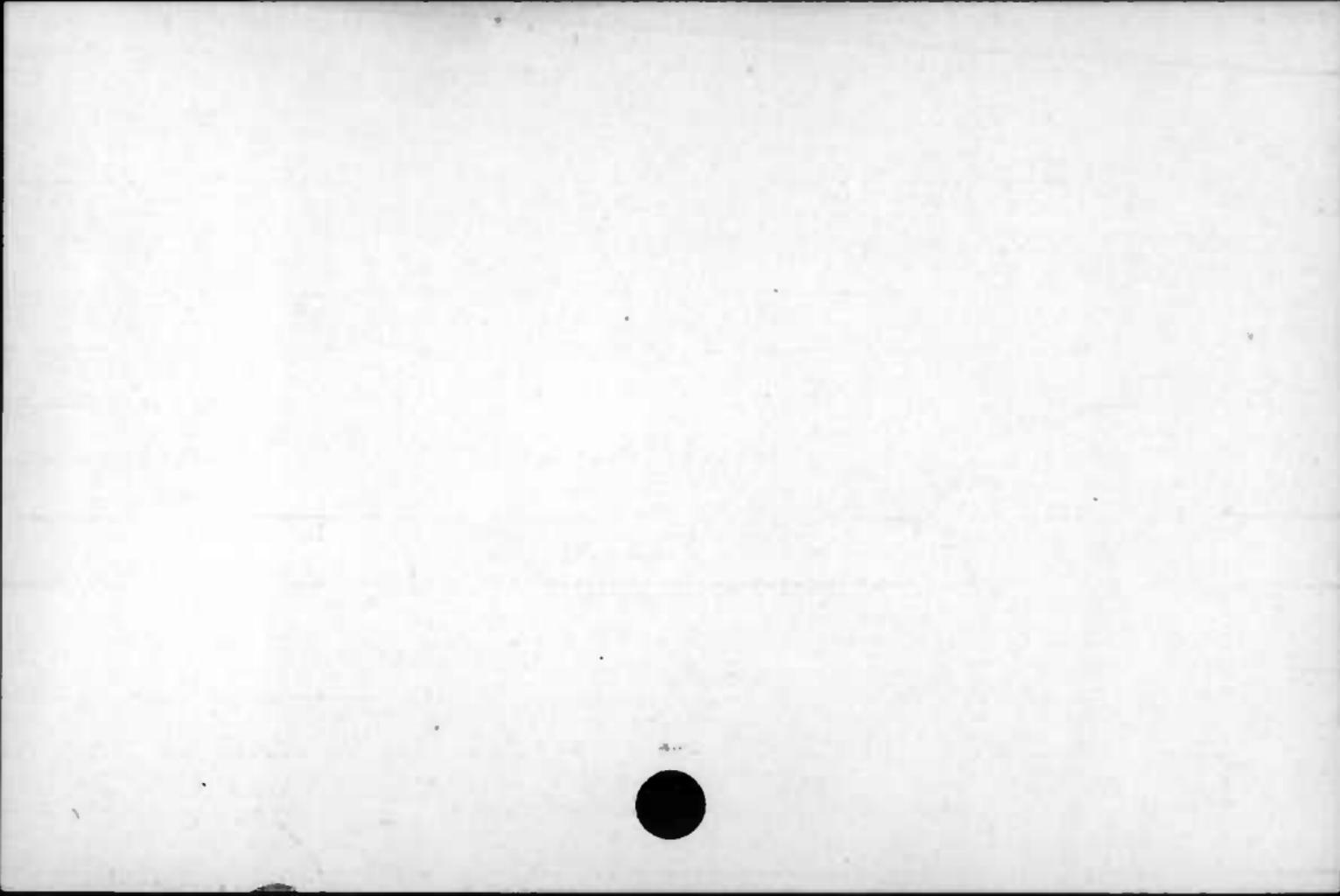
yes

Signature of Physician

Address

Victor Carroll.
Cambridge Md

Accident or Suicide?



Name
in
Full

Annie Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Wilson		Father's Birthplace	Maryland	
Mother's Maiden Name	Edna Proctor		Mother's Birthplace	"	
Name of person giving information	Annie Bupitch		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

1 day

Immediate

Asphyxia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

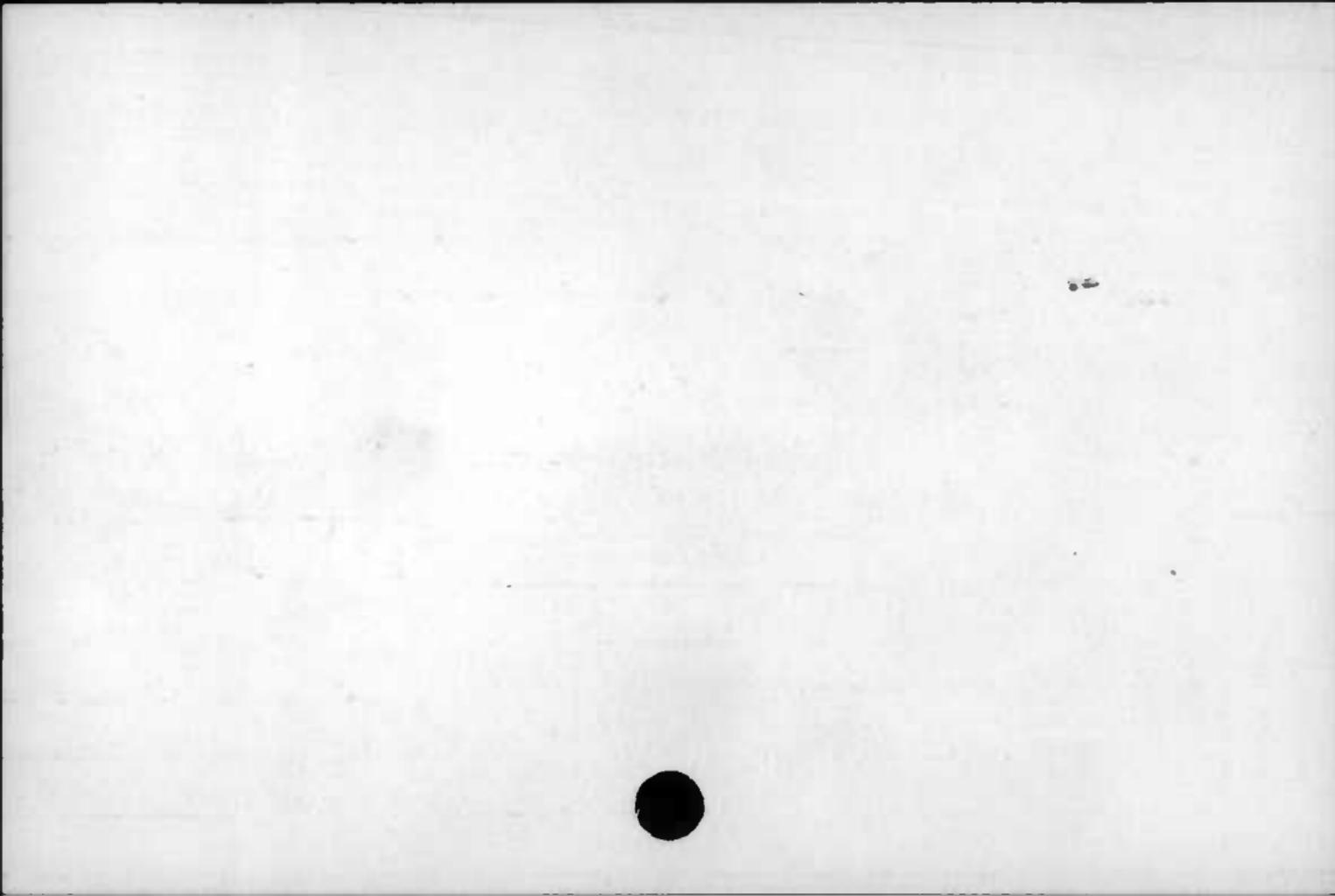
Mc. Willy Saesbom

Address

Cambridge

Willis

Accident or Suicide?



Name
in
Full

Rosa Lena Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month July	Day 12	Years 20	Months 1	Days 8
Sex	Female	Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		Father's Birthplace	Maryland
Father's Name	Mrs Wilson		—		Mother's Birthplace	Maryland
Mother's Maiden Name	Unknown		—		How related to deceased	Brother
Name of person giving Information	Tom Wilson		—		How long	One year

CAUSES OF DEATH

27

How long

Primary

Tuberculosis

Immediate

Hemorrhage of bowels

Are the name, age, sex, color, date and place correctly given above?

yes

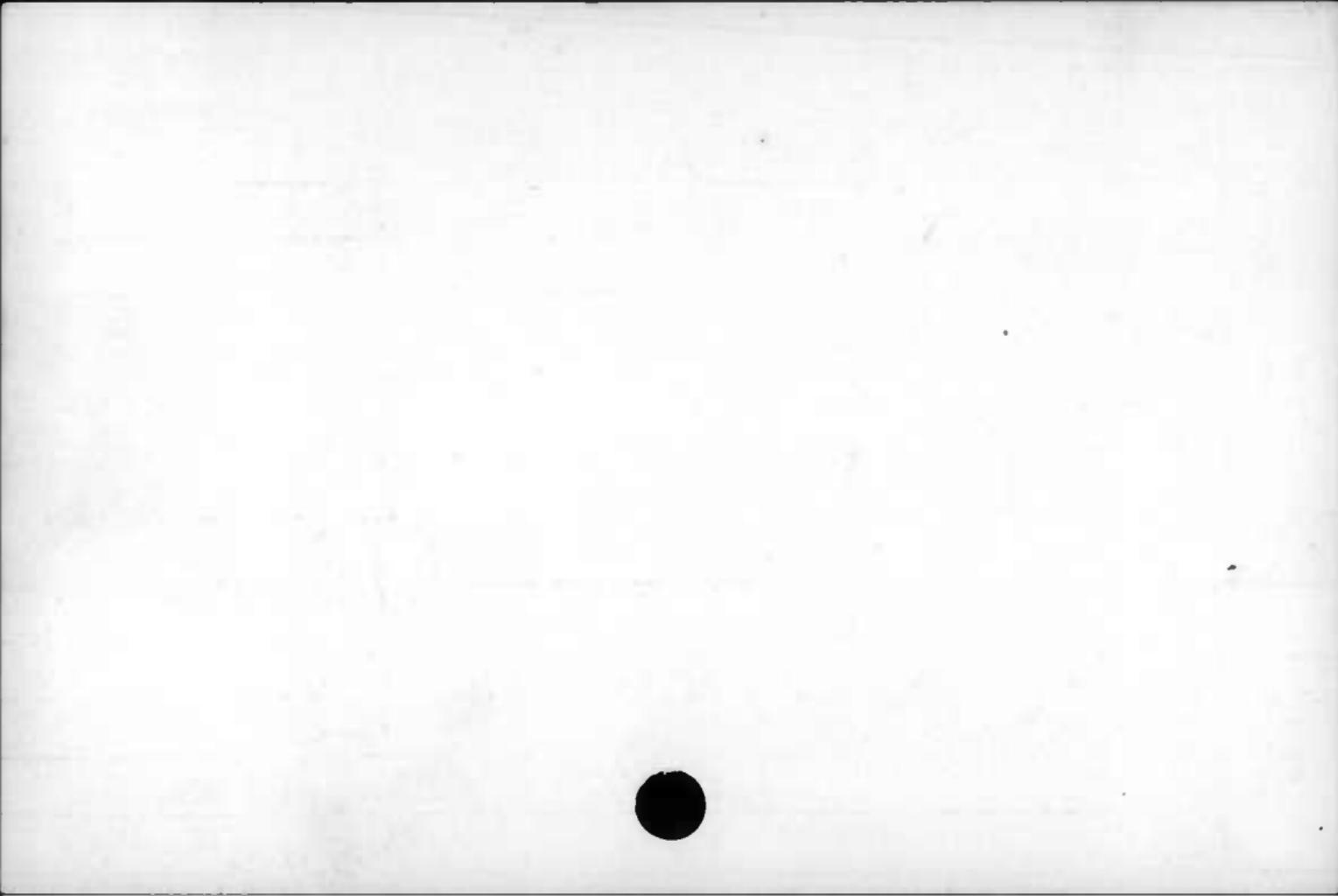
Signature of Physician

Address

Victor Carroll

Cambridge Md.

Accident or Suicide?



Name
in
Full

Infant no name Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge	County Dorchester	MARYLAND		
Date of death	Month July	Day 29	Age	Years	Months	Days
Sex	—	Color or Race White	Birth- place Maryland			
Occupation	—		Where Residing if not at place of death	—		
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	Thomas S. Wilson			Father's Birthplace	Maryland	
Mother's Maiden Name	Lizzie Allison			Mother's Birthplace	Penn.	
Name of person giving Information	Mrs. S. Wilson			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still-born	S	How long	—
Immediate	—		How long	—

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician None
	Address Clement & Nease Justice of the Peace
Accident or Suicide?	

Name
in
Full

No Name Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Blackwater	County	Dorchester	MARYLAND					
Date of death	Month	1908 July	Day	9	Years	—	Months	—	Days	9
Sex	Male	Color or Race	colored	Birth-place	Maryland					
Occupation	None	Where Residing if not at place of death Blackwater "								
Married, Single or Widowed	—	Name of Wife or Husband	—							
Father's Name	John Wilson	Father's Birthplace	Maryland							
Mother's Maiden Name	Almina Camper	Mother's Birthplace	"							
Name of person giving information	Tekemah C. Camper	How related to deceased	Uncle							

CAUSES OF DEATH

151

How long

A few days
one day

How long

PHYSICIAN
OR CORONER

Primary

Marcasmus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

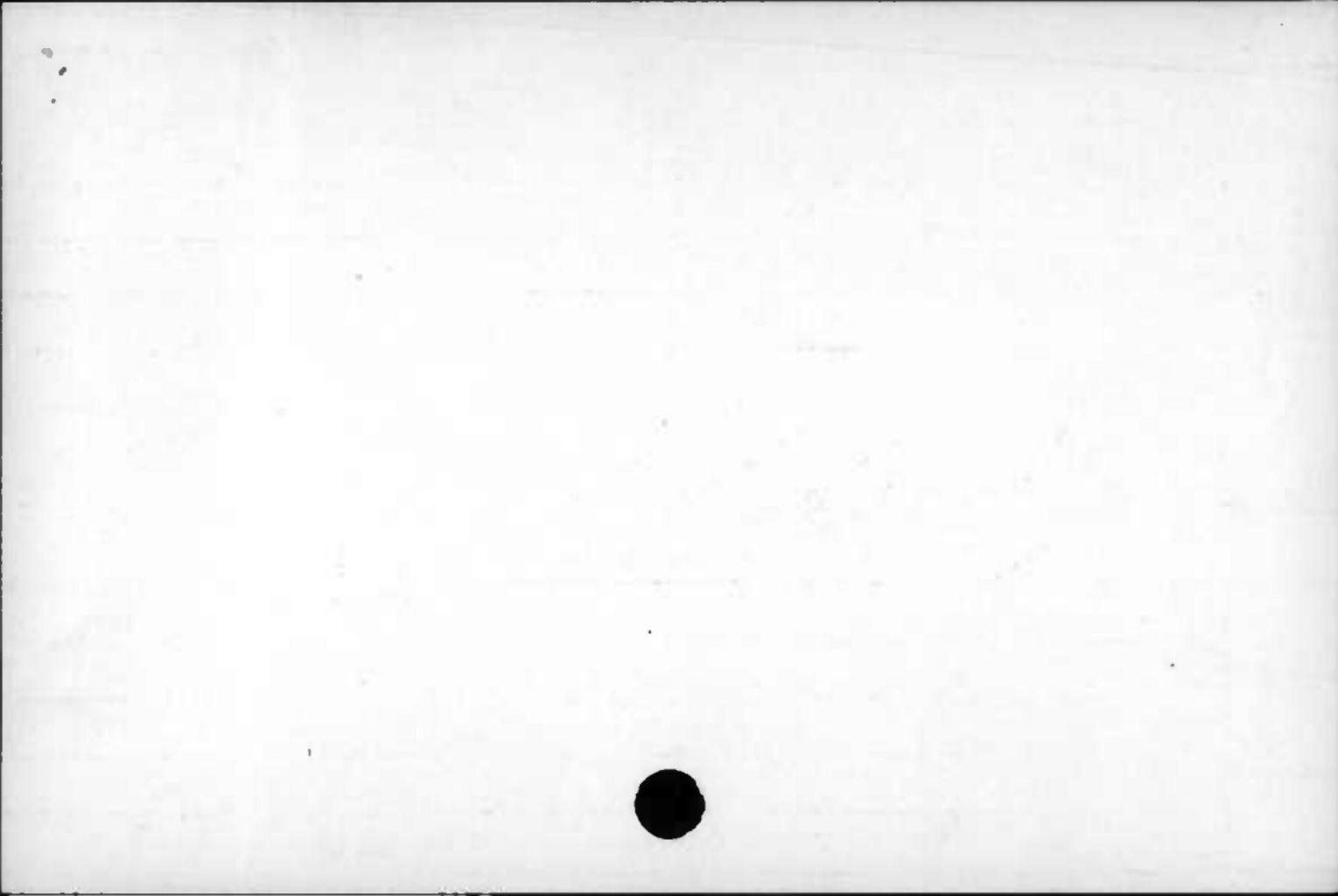
No physician

Yes

Address

Belmont Building
Justice of the Peace

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Daniel H. Wright Jr.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	4		
Occupation	Where Residing if not at place of death		Maryland Cambridge, Md		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Daniel H. Wright		Father's Birthplace	Maryland	
Mother's Maiden Name	G. Ruth Brivore		Mother's Birthplace	..	
Name of person giving information	Daniel H. Wright		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

179

How long

Since bolt

Immediate

Heart Failure

How long

Open hours

Are the name, age, sex, color, date and place correctly given above?

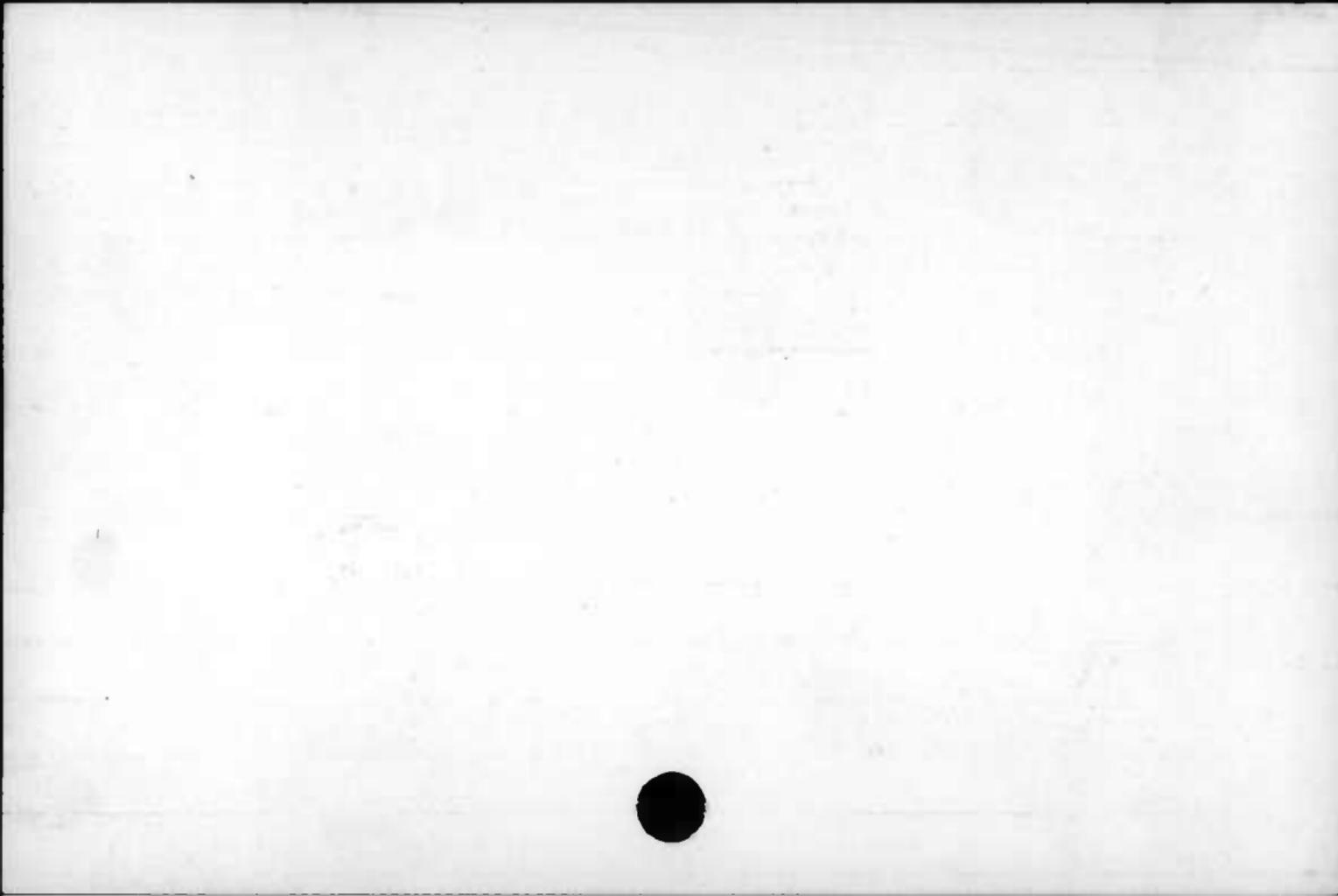
Yes

Signature of Physician

Address

Bethelaborough
Courtney, Md

Accident or Suicide?



Name
in
Full

Hubert H. Wright Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cambridge	County	Darke Co.	MARYLAND	
Date of death	Month	July	Day	18	Years	—
Sex	Age	Male	Color or Race	White	Months	—
Occupation	Where Residing if not at place of death			Maryland Cambridge		
Married, Single or Widowed	Name of Wife or Husband	—	—	—	Father's Birthplace	Maryland
Father's Name	Hubert H. Wright			Mother's Birthplace	Virginia	
Mother's Maiden Name	Lillian Whitmore			How related to deceased	Mother	
Name of person giving information	Hubert H. Wright			How long	5 days - Sun. Even	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary **Enter - Polk's**

Immediate **Coroners**

Are the name, age, sex, color, date and place correctly given above?

Yes

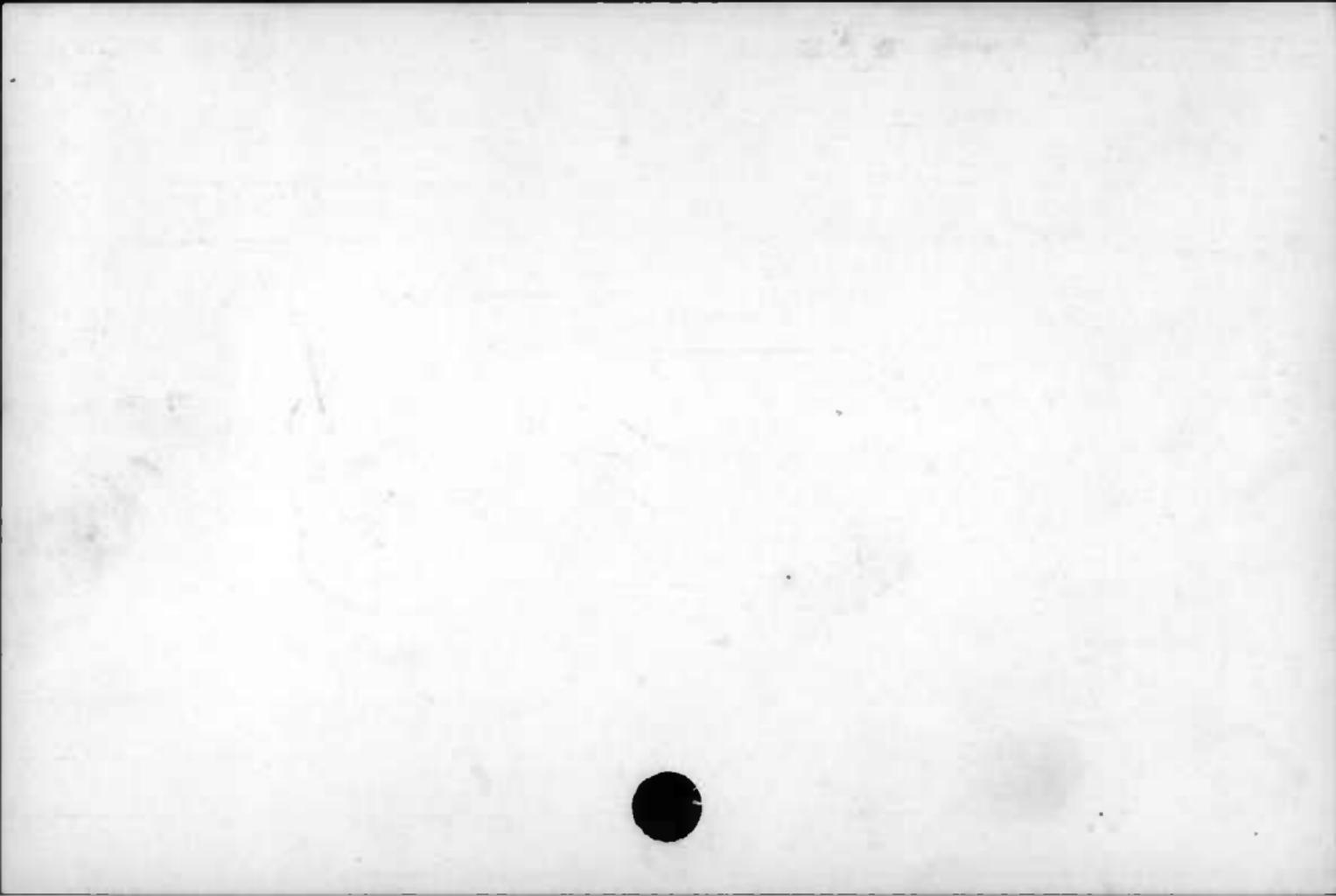
Signature of Physician

Address

Ben Goldbrony
Cambridge Md.

X

Accident or Suicide?



Name
in
fullTO BE ANSWERED BY
NEAREST FRIEND

Isaac Henry Wright

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	7	18	82	5			
Sex	Male	Color or Race	White	Birth-place	Dor, Co, Md.		
Occupation	Farmer		Where Residing if not at place of death	East New Market.			
Married, Single or Widowed	Widower	Name of Wife or Husband	Elizabeth Wright.				
Father's Name	Isaac Wright		Father's Birthplace	Dor Co, Md			
Mother's Maiden Name	Anna Jackson		Mother's Birthplace	Dor Co, Md			
Name of person giving information	Fred Wright		How related to deceased	Son.			

CAUSES OF DEATH

120

How long 30 years

How long 8 days.

8 days

PHYSICIAN
OR CORONERPrimary Chronic interstitial nephritis
nitro segmigation & cystitis

Right hemiplegia

Immediate coma & cardiac asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

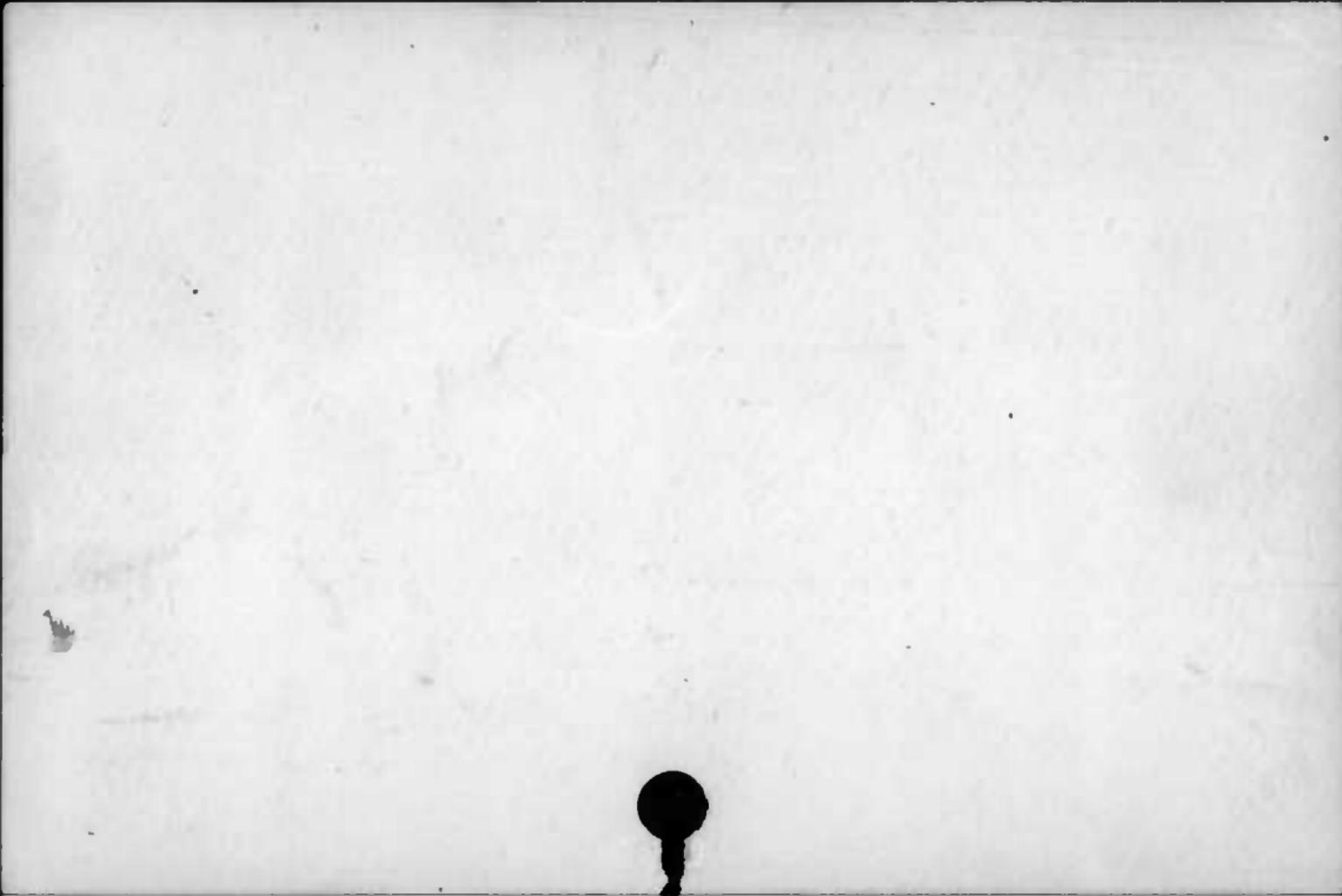
Address

H. V. Harbaugh, M.D.

East New Market

Maryland

Accident or Suicide?



Name
in
Full

Wm. H. Wrotan

CERTIFICATE OF DEATH

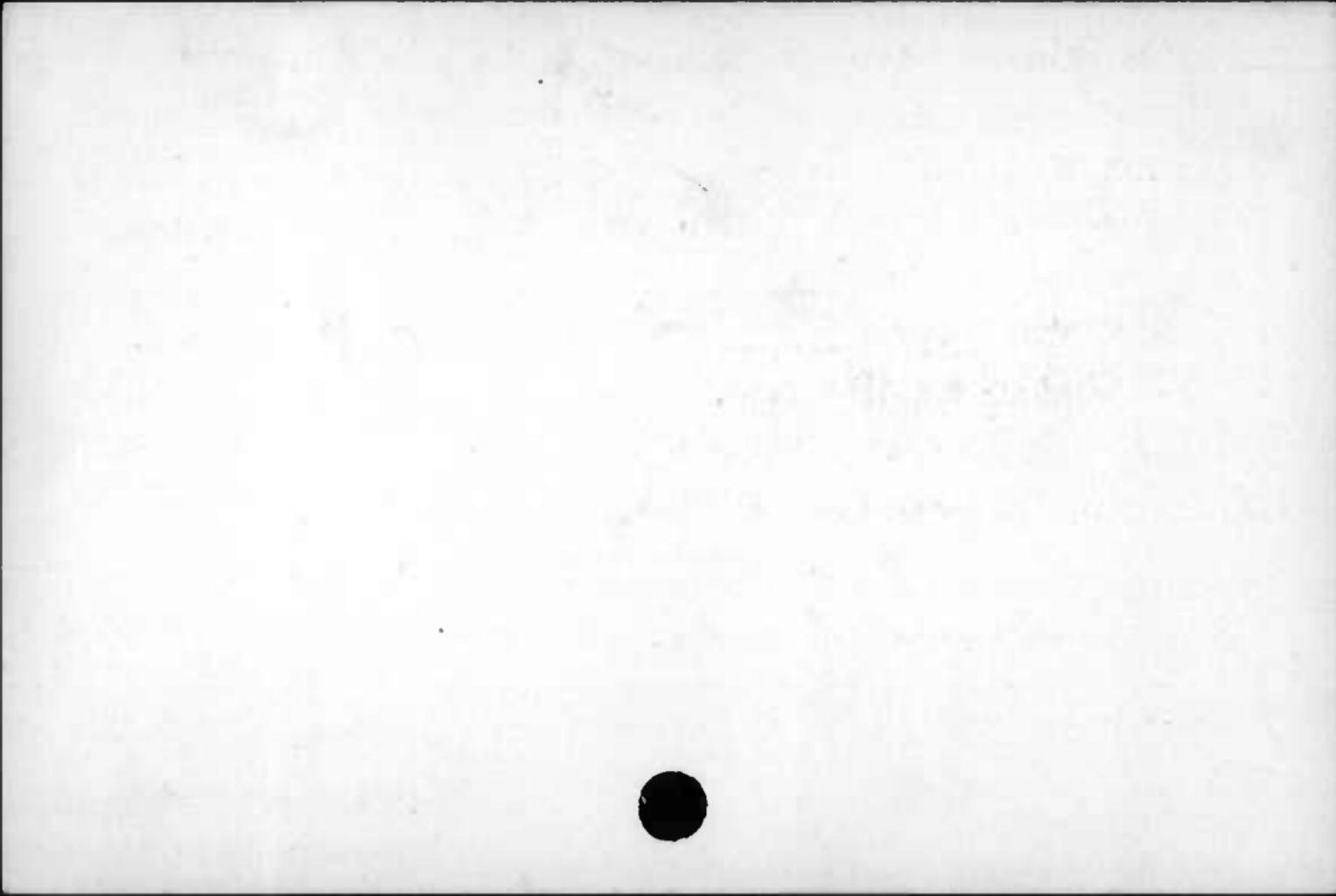
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age	10 29	
Occupation	Where Residing if not at place of death	Birthplace	Dorchester	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Dorchester	
Mother's Maiden Name	Effie Croughton	Mother's Name	Dorchester	
Name of person giving Information	Jos. H. Wrotan	How related to deceased	Father	
CAUSES OF DEATH				
Primary	acute Gastro Enteritis			
Immediate	Do not know			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	105	
Yes		Address	How long	
			4 days	

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Isaac Young</i>				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	<i>Colored</i>	Birth-place	<i>Lukewood</i>		
Occupation	<i>Labover</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Amanda young</i>	Father's Name	<i>Dont know</i>		
Mother's Maiden Name	<i>Dont know</i>			Mother's Birthplace	<i>Ad.</i>		
Name of person giving Information	<i>James Jackson</i>			How related increased	<i>No</i>		

CAUSES OF DEATH

154

Primary

blood eye
complaint

How long

-

Immediate

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

No physician



Address

Clement Durand
Justice of the Peace

Accident or Suicide?

100

